

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06181

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH COUNTY Prince Georges MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY -	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington	
TOWN Glenn Dale, Md. (Rural) 2 mos. and HOSPITAL OR 25 days. INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium		STREET (If rural, give location) ADDRESS 34 Eye St., N. E.	
3. NAME OF DECEASED (Type or Print)	(First) GEORGE (Middle)	(Last) BARNHART	4. DATE OF DEATH June 22nd 1951 (Month) (Day) (Year)
5. SEX MALE	6. COLOR OR RACE NEGRO	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed	8. DATE OF BIRTH 12-25-1899 9. AGE last birthday 51 yrs. If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK		10b. KIND OF BUSINESS OR INDUSTRY B and B Cafeteria	11. BIRTHPLACE (State or foreign country) State of Ohio
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 577-30-7136	17. INFORMANT AND ADDRESS Decedent
18. MEDICAL CERTIFICATION			
<p>I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</p> <p><i>Rheumatic Heart Disease</i></p> <p>Immediate cause (a) _____</p> <p>Antecedent cause(s) (b) _____ Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) _____</p> <p><i>Pulmonary Tuberculosis</i></p> <p>INTERVAL BETWEEN ONSET AND DEATH <i>38 yrs.</i></p>			
<p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 3-28-1951, to June 22nd 1951, that I last saw the deceased alive on June 22nd 1951, and that death occurred at 8:15 P.m., from the causes and on the date stated above.			
SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
<i>Daniel Lee Pinecone</i>		Glen Dale Sanatorium Glen Dale, Maryland	6/22/51
24. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF 6/26/51	NAME OF CEMETERY OR CREMATORIUM	LOCATION (City, town, or county) Washington D.C. (State)
DATE REC'D BY LOCAL REG. 6/23/51	REGISTRAR'S SIGNATURE Alice Weiss	24. FUNERAL DIRECTOR R.N. Norton Co., 1322 14th St. N.W. D.C.	ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06182

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH COUNTY <i>Prince Georges</i>		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE <i>Maryland</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Lanham Md</i>	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Lanham</i>	COUNTY <i>Pr. George</i>
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS <i>P. O. Box 73</i>		
3. NAME OF DECEASED (Type or Print) <i>Margaret</i>	(First) <i>Margaret</i>	(Middle) <i>Elizabeth</i>	(Last) <i>Bennette</i>
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>married</i>	8. DATE OF BIRTH <i>June 20, 1905</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Reg. nurse</i>	9. AGE last birthday <i>45</i> yrs.
11. FATHER'S NAME <i>James H. Gibson</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>—</i>	17. INFORMANT <i>Ethel Duncan</i>
18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <i>3 - 20 - 49</i>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) *Generalized Carcinoma -osis R/H**170X*

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last*metastasis to brain - long time.**50*

(c) Primary site: Right breast (6-26-51 - ams)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)	
TIME (Month)	(Day)	(Year)	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
OF INJURY	m.					

22. I hereby certify that I attended the deceased from *Sept 20, 1949*, to *6/8*, 1951, that I last saw the deceasedalive on *6/8*, 1951, and that death occurred at *11:00* m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED *6/10/51*

23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>6/1/51</i>	NAME OF CEMETERY OR CREMATORIAL <i>St. Lincoln</i>	LOCATION (City, town, or county) <i>Colmar Manor Md</i>	(State)
DATE REC'D BY LOCAL REG. <i>6/11/51</i>	REGISTRAR'S SIGNATURE <i>Amanda Donney</i>	FUNERAL DIRECTOR <i>J. Baschi sons Hyattsville Md</i>	ADDRESS <i>6588 818</i>	
Carrie F. Campbell.				

RECEIVED

JUN 18 1951

BURGESS V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06183

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH COUNTY <u>Prince Georges</u>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE <u>D. C.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Washington</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town)		LENGTH OF STAY (in this place) <u>7 mos., and</u>		STREET ADDRESS <u>200 E. Street, N. W.</u>		(If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Glenn Dale Sanatorium</u>		2 days.					
3. NAME OF DECEASED (First) (Type or Print) <u>JAMES ARNOLD</u>		(Middle) <u>BEST</u>		4. DATE OF DEATH <u>6 15 1951</u>		(Month) (Day) (Year)	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1/22/1896</u>	9. AGE last birthday <u>55 yrs.</u>	If under 1 year <u>21</u>	If under 24 hrs. <u>21</u>	If under 24 hrs. <u>21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>William H. Hintz</u>	11. BIRTHPLACE (State or foreign country) <u>Abilene, Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>Joseph Best</u>		14. MOTHER'S MAIDEN NAME <u>Naonic Papasane</u>					
15. WAS DECREASER EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>577-16-1867</u>	17. INFORMANT AND ADDRESS <u>Decedent</u>				
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
<u>pulmonary tuberculosis</u>							
002X Immediate cause (a)							
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last 13 (b)							
(c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, of office bldg., etc.) <u>INJURY</u>		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work m. Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11/13</u> , 1950, to <u>6/15</u> , 1951, that I last saw the deceased alive on <u>6/15</u> , 1951, and that death occurred at <u>3:20 p.m.</u> , from the causes and on the date stated above.							
SIGNATURE <u>Daniel L. P. Pennebaker</u>		(Degree or title) <u>M.D.</u>		ADDRESS <u>Glenn Dale Sanatorium</u>		DATE SIGNED <u>6/15/51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>6-18-51</u>		NAME OF CEMETERY OR CREMATORIAL <u>Washington National Cremation</u>		LOCATION (City, town, or county) <u>Glenn Dale, Maryland</u> (State) <u>6/15/51</u>	
DATE REC'D BY LOCAL REG. <u>6/16/51</u>		REGISTRAR'S SIGNATURE <u>Joe Weiss</u>		24. FUNERAL DIRECTOR <u>W.W. Chambers C. 517-11st St E</u>		ADDRESS <u>512 VFW Wash. D.C.</u>	

RECEIVED

JUN 22 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06184

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN		TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First)		(Month) (Day) (Year)	
(Middle)		June 8 1951	
5. SEX		6. COLOR OR RACE	
Female		White	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
Restaurant owner		Married	
13. FATHER'S NAME		8. DATE OF BIRTH	
Champ		May 28, 1898	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		9. AGE last birthday yrs.	
No		53	
16. SOCIAL SECURITY NO.		11. BIRTHPLACE (State or foreign country)	
		West Virginia	
17. INFORMANT		12. CITIZEN OF WHAT COUNTRY?	
Louise B. Pucco			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) Metastatic carcinoma			
Antecedent cause(s) (b) Carcinoma uterus			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) None			
6 mo. 2 yrs.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
1949 - 1950		Carcinoma uterus - Metastatic la of bowel	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	
TIME (Month) OF INJURY	(Day) m.	(Year) 1950	(Hour) m.
While at Work	Not While At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 18, 1950, to June 7, 1951, that I last saw the deceased alive on June 7, 1951, and that death occurred at 5 A.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED			
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF	
Cremation		June 11, 1951	
NAME OF CEMETERY OR CREMATORIAL		LOCATION (City, town, or county) (State)	
St. John Lincoln		Bladensburg Md.	
DATE REC'D BY LOCAL REG. OFFICER		REG. NUMBER	
June 8, 1951		James Severy	
REG. NUMBER		ADDRESS	
300 - 4th St. N. E.		290619	

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JUN 11 1951

BUREAU U. S.

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is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06185
7275

Reg. Dist. No.

1. PLACE OF DEATH:

County

Prince George

City or town

Hyattsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

6403 Lager road

How long in hospital or institution?

5 days

3. (a) FULL NAME

Joseph Richard Brakney Jr.

4. Sex

Male

5. Color or race

Caucasian

6.(a) Single, married, widowed, or divorced

child

6.(b) Name of husband or wife

7. Birth date of April 4, 1950 6.(c) If alive, give age years
deceased (mo., da, yr.)8. AGE: Years 1 Months 4 Days 1 If less than one day
hrs. min.

9. Birthplace Bethesda, Md (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Joseph Brakney

13. Birthplace Springfield, Mass

14. Maiden name Alice Mae Hall

15. Birthplace Miami City, Mass

16. Informant Corp. Records

Address

17. Transportation Date thereof 6/27/51
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location Jayton, Mass.

18. Funeral director Mrs. Funeral Home Inc.

Address 2847 Wilson Blvd, Arlington

19. 6/24 1951 Amanda Dorney
(Date of registrar) James Dorney
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Wash. D.C.

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

3475 South Utah St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH 6/26 1951 at 5:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 19, 51, to 6/26 1951

and that I last saw him alive on 6/26/51

Immediate cause of death cerebral palsy
blindness (congenital) DURATION
paralysis of respiratory
and vocalization of muscles 1d (P.)

Due to

Due to 351X

Other conditions 872

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, tell in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Thorvald Christensen M.D. or other

Address College Park Med Date signed 6/30/51

RECEIVED

MIN 29 1957

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06186

245-

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH CITY OR TOWN <i>St. George</i>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED CITY OR TOWN <i>Maryland Hyattsville</i>					
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Hyattsville</i>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Hyattsville</i>					
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS <i>5515 38th ave</i>					
3. NAME OF DECEASED (Type or Print)	(First) <i>SUSANNA</i>	(Middle) <i>Marie</i>	(Last) <i>Braun</i>	4. DATE OF DEATH	(Month) <i>JUNE</i>	(Day) <i>12</i>	(Year) <i>1951</i>		
5. SEX	<i>2</i>	6. COLOR OR RACE	<i>Blk</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	<i>Married</i>	8. DATE OF BIRTH	<i>12-11-1872</i>	9. AGE last birthday yrs. <i>78</i>	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>		11. BIRTHPLACE (State or foreign country) <i>Germany</i>		12. CITIZEN OF WHAT COUNTRY? <i>—</i>		
13. FATHER'S NAME <i>Carl</i>			14. MOTHER'S MAIDEN NAME <i>Susanna</i>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>442X</i>			16. SOCIAL SECURITY NO.		17. INFORMANT <i>George St. Braun</i>				
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause <i>Central Hemorrhage</i> Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>Cystic Thrombo - Renal Dis.</i> 131a (a) _____ (b) _____ (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									INTERVAL BETWEEN ONSET AND DEATH <i>one month</i>

21. ACCIDENT SUICIDE HOMICIDE <i>131a</i>	(Specify)	PLACE (Home, farm, factory, street, of office bldg., etc.) <i>INJURY</i>	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *August 4, 1951*, to *June 12, 1951*, that I last saw the deceased alive on *June 11, 1951*, and that death occurred at m., from the causes and on the date stated above.
 SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R.S. William B. S. 35 New York Ave. N.W. Wash. D.C. 6/12/51

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF <i>6/14/51</i>	NAME OF CEMETERY OR CREMATORIAL <i>New York Crem</i>	LOCATION (City, town, or county) <i>Wash. D.C.</i>	(State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <i>James Devay</i>	24. FUNERAL DIRECTOR ADDRESS <i>Lee Funeral Home - 300 4th N.E.</i>		

RECEIVED
MUN 15 1951

BURZAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06187

Reg. Dist. No.....

1. PLACE OF DEATH COUNTY		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE		COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		STREET ADDRESS (If rural, give location)	
TOWN Hyattsville		2 years		TOWN Hyattsville		ADDRESS 1445 Kanawha St.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		1445 Kanawha St.					
3. NAME OF DECEASED (Type or Print)		(First) Lorraine (Middle) Ellen (Last) Bremer		4. DATE OF DEATH		(Month) June (Day) 22 (Year) 1957	
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single		8. DATE OF BIRTH	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE last birthday 2 1/2 mo.		If under 1 year Months Days Hours Minutes	
10c. FATHER'S NAME		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?			
Frederick G. Bremer		District of Columbia		Mary S.A. 1959			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS			
				Father - Same			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X Immediate cause

(a) Toxemia

INTERVAL BETWEEN
ONSET AND DEATH

Anecedent cause(s)

Disease or conditions, if any, giving rise to the above cause
stating the underlying cause last

(b) Bronchopneumonia

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

(c)

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) m.	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, Cremation Removal (Specify)		DATE THEREOF	NAME OF CEMETERY OR Crematory	LOCATION (City, town, or county)	(State)
Burial		6/23/51	Mt. Olivet Cemetery	Washington	D.C.
REG.	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	June 23, 1951	Mrs. Jao. Severe (Deputy Sheriff)	Z. Paschal	Hyattsville, Md.
24. FUNERAL DIRECTOR	ADDRESS				

RECEIVED

JUN 25 1951

BUREAU U.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06188

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH COUNTY <i>Prince George</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>MARYLAND</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <i>TOWN</i> <i>Beverly</i>	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Riverdale</i>	COUNTY <i>P. G.</i>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Prince George General Hospital</i>		STREET ADDRESS <i>4706 Oliver St.</i>	
3. NAME OF DECEASED (First) (Type or Print) <i>Milton</i>	(Middle) <i>Dove</i>	(Last) <i>Campbell</i>	4. DATE OF DEATH <i>June 24 1951</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>Dec. 2, 1878</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>LAWYER</i>	9. AGE last birthday If under 1 year Months Days yrs. <i>72</i>
13. FATHER'S NAME <i>HENRY CAMPBELL</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland D.C.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		12. CITIZEN OF WHAT COUNTRY <i>A.J.A.</i>	
16. SOCIAL SECURITY NO. <i>133-15-0345</i>		14. MOTHER'S MAIDEN NAME <i>MARY ELIZABETH GOODE</i>	
17. INFORMANT AND ADDRESS <i>FAYLINE E. CAMPBELL 4706 OLIVER ST</i>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <i>Pulmonary embolus</i> Antecedent cause(s) (b) <i>antiphilic toe for gangrene</i> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) OF INJURY		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY While at Work m. Not While Work At work	(CITY OR TOWN) ADDRESS HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>3-8</i> , 1951, to <i>6-24</i> , 1951, that I last saw the deceased alive on <i>6-23</i> , 1951, and that death occurred at <i>6:35 P.M.</i> from the causes and on the date stated above. SIGNATURE <i>John P. Clancy M.D.</i>		ADDRESS DATE SIGNED <i>6-25-51</i>	
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		DATE THEREOF <i>6/27/51</i>	NAME OF CEMETERY OR CREMATORIUM <i>St Lincoln Cemetery</i>
DATE REC'D BY LOCAL REG. <i>June 28/51</i>		REGISTRAR'S SIGNATURE <i>Amelia Rooney</i>	LOCATION (City, town, or county) (State) <i>Colmar Manor Md.</i>
24. FUNERAL DIRECTOR REG.		ADDRESS <i>F. Buschman, Hyattsville Md.</i>	

RECEIVED

BUREAU V.I.S.

JUN 28 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06189

CERTIFICATE OF DEATH

Reg. Dist. No. 231

M The correct age
is especially important.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully.
is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH. COUNTY PRINCE GEORGES		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE MD.		COUNTY PRINCE GEORGES		
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		STREET ADDRESS (If rural, give location)		
TOWN COTTAGE CITY		LIFE		TOWN COTTAGE CITY		4006 Bladensburg Rd.		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4006 Bladensburg Rd.								
3. NAME OF DECEASED (Type or Print) HENRY		(First) HENRY	(Middle)	(Last) CASPARE, SR.	4. DATE OF DEATH JUNE 18th 1951	(Month)	(Day)	(Year)
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED (Specify) MARRIED	8. DATE OF BIRTH DEC. 12/1883	9. AGE last birthday 67	If under yrs.	1 year Months.	1 year Days	1 year Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GARAGE Prop.		10b. KIND OF BUSINESS OR INDUSTRY AUTO		11. BIRTHPLACE (State or foreign country) BALTIMORE MD.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13. FATHER'S NAME FRANK CASPARE		14. MOTHER'S MAIDEN NAME KATE PAULSEN		15. WAS DECRAVED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No		16. SOCIAL SECURITY NO. None		
17. INFORMANT AND ADDRESS Henry Caspare, Jr. 4006 Bladensburg Rd. COTTAGE CITY MD.		18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		(a) Bulbar Paralysis - degenerative						
Immediate cause		(b) Hypertension - cardio-renal disease						
Antecedent cause(s)								
442X		Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 82						
II. OTHER SIGNIFICANT CONDITIONS		(c) Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?		
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY)		(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input checked="" type="checkbox"/>		HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 5/16 , 19 40 , to 6/18 , 19 51 , that I last saw the deceased alive on 6/18 , 19 51 , and that death occurred at 7 A.M. from the causes and on the date stated above.		(Degree or title) SIGNATURE		ADDRESS		DATE SIGNED 6/18/51		
23. BURIAL CREMATION REMOVAL (Specify) Burial		DATE June 20/1951		NAME OF CEMETERY OR CREMATORIUM Fort Lincoln Cem.		LOCATION (City, town, or county) Colmar Manor, Md. 20601 (State)		
DATE REC'D BY LOCAL REG 6/18/51		REGISTRAR'S SIGNATURE Amanda Dourney		24. FUNERAL DIRECTOR		ADDRESS W.W. Coffman Co - Rockville Md.		

BUREAU U.S.

JUN 20 1951

REGISTRY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06190

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH. COUNTY Prince Georges		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland		COUNTY Prince Geo.		
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)		
TOWN (East Pines) Riverdale		7 1/2 yrs.		TOWN (East Pines) Riverdale		TOWN (East Pines) Riverdale		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5812--64th Avenue				STREET ADDRESS 5812--64th Avenue		(If rural, give location)		
3. NAME OF DECEASED (Type or Print)		(First) FRANK	(Middle) EDWIN	(Last) COBUN, SR.	4. DATE OF DEATH June 19th,	(Month) 1951	(Day) 19	(Year)
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH Jan. 19/1888	9. AGE last birthday 63 yrs.	If under 1 year Months Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant		10b. KIND OF BUSINESS OR INDUSTRY Banking		11. BIRTHPLACE (State or foreign country) Pittsburgh, Penna.	12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME George Cobun		14. MOTHER'S MAIDEN NAME Susie Wooldslayer		17. INFORMANT AND ADDRESS Frank E. Cobun, Jr. 5812-64th Ave.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none 217-28-8345		18. MEDICAL CERTIFICATION Coronary Thrombosis Arterio - Sclerosis Jeff Hen plague				
420.1 Antecedent cause(s)		(a) Diseases or conditions, if any, giving rise to the above cause 94a stating the underlying cause last		Riverdale, Md. INTERVAL BETWEEN ONSET AND DEATH 6-19-51.				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		(b) (c)						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/> Date signed 6-19-51				
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY)		
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/>	Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Ward</u> , 1951, to <u>6/19/51</u> , 1951, that I last saw the deceased alive on <u>6/19/51</u> , 1951, and that death occurred at <u>1:45 P.M.</u> , from the causes and on the date stated above. SIGNATURE <u>Albert Rath M.D.</u> ADDRESS <u>5807 Hodges St., Riverdale, Md.</u> DATE SIGNED <u>6/19/51</u>								
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE June 20/1951	NAME OF CEMETERY OR CREMATORIUM Chartiers Cemetery	LOCATION (City, town, or County) (State) Crafton, Penna.				
DATE REC'D BY LOCAL REG.		REG. NO. 1017	REG. JAMES SEVEREY	24. FUNERAL DIRECTOR W.W. Chambers Company				
REG. NO. 1017		REG. JAMES SEVEREY		ADDRESS Riverdale, Md.				

RECEIVED

JUN 22 1951

BUREAU U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06191

Reg. Dist. No. 238

1. PLACE OF DEATH COUNTY Prince Georges			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland Pr. County		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Muirkirk			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colmar Manor		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Blue Pond			STREET ADDRESS 3418 41st Avenue (If rural, give location)		
3. NAME OF DECEASED (Type or Print)	(First) Lee	(Middle) Ashmore	(Last) Creelman	4. DATE OF DEATH June 20	(Month) (Day) (Year) 1951
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single	8. DATE OF BIRTH 4-27-1934	9. AGE last birthday 17	If under 1 year Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student			10b. KIND OF BUSINESS OR INDUSTRY Minnesota		
13. FATHER'S NAME Oliver E. Creelman			14. MOTHER'S MAIDEN NAME Rose Cromer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT AND ADDRESS Father. 3418 41st Ave., Colmar Manor					

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

929.8 Immediate cause (a) Asphyxia

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last
183 (b) DrowningII. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg, etc.) INJURY bond	(CITY OR TOWN) Muirkirk (COUNTY) Prince Georges, Md. (STATE)
TIME (Month) (Day) (Year) OF INJURY 6-20-51. 11.05	INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input type="checkbox"/> at work <input type="checkbox"/>	HOW DID INJURY OCCUR? Drowned while swimming in pond.

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

SIGNATURE

(Degree of title)

ADDRESS

DATE SIGNED 6-21-51

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF 6/23/51	NAME OF CEMETERY OR CREMATORIUM Ft Lincoln	LOCATION (City, town, or county) Colmar Manor Md
DATE REC'D BY LOCAL REG. 6/22/51	REGISTRAR'S SIGNATURE Amanda Donegan	24. FUNERAL DIRECTOR L. Gascoone Hyattsville Md	ADDRESS

BUREAU U. S.

JUN 27 1952

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06192

Reg. Dist. No. 242

1. PLACE OF DEATH COUNTY Prince George's		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR TOWN Forestville)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brown Station Road		STREET ADDRESS Brown Station Road	
3. NAME OF DECEASED (Type or Print)	(First) Julia	(Middle) Elizabeth	(Last) Crowdy
4. DATE OF DEATH 6 30 51	(Month)	(Day)	(Year)
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWER, DIVORCED, Married	8. DATE OF BIRTH 5/1/78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE last birthday 73 yrs.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Gross		14. MOTHER'S MAIDEN NAME Elizabeth Keith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	
		17. INFORMANT AND ADDRESS Florence Griffith; Upper Marlboro	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X Immediate cause (a) **Acute congestive heart failure**

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last
131a

(b) **Cardiovascular renal disease**

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
--	---	----------------	----------	---------

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?
--	--	-----------------------

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and, from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

James J. Boyd M. D. **Forestville, Md.** **6/30/51**

23. BURIAL, CREMATION DATE THEREON REMOVAL (Specify)	NAME OF CEMETERY OR CREMATORIAL July 5-1951 Lincoln Cemetery	LOCATION (City, town, or county) (State)
---	--	---

DATE REC'D BY LOCAL REG. REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE July 3-1951 Harry F. Campbell	FUNERAL DIRECTOR John T. Stewart	ADDRESS Washington 29, D. C.
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

06193

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 230

1. PLACE OF DEATH COUNTY Prince Georges		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Prince Georges	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Maryland		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland, Md.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. F. D. #2 Box 160 (Lakeside)		STREET ADDRESS R. F. D. #2. Box 16. (Lakeside)	
3. NAME OF DECEASED (Type or Print) Richard		(First) (Middle) (Last) Darren	
4. SEX Male	5. COLOR OR RACE White	6. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	7. DATE OF BIRTH 2-18-1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Electrical Engineer	
11a. WAS DECEASED EVEN IN U.S. ARMED FORCES? (Yes, no, or unknown) No		11b. BIRTHPLACE (State or foreign country) Liverpool, England	
13. FATHER'S NAME Robert Darren		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS Same - Wife		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
<p>Immediate cause (a) Acute congestive heart failure</p> <p>Antecedent cause(s) (b) Cardiovascular renal disease</p> <p>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)</p>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH, INJURY		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED White at Not white work <input type="checkbox"/> at work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE John D. Malone, M.D. Dipl. Med. Gross, Cheverly		ADDRESS Hyattsville, Md. - 6-25-51	
DATE SIGNED			
23. BURIAL, CREMATION REMAINS (Specify) Burial		DATE THEREOF NAME OF CEMETERY OR CREMATORIUM LOCATION (City, town, or county) July 27/51 Fort Lincoln Cemetery Colmar Manor, P.R. 600, Md. (State)	
DATE REC'D BY LOCAL REG. DATE REC'D BY LOCAL REG. June 26-1951		REG. REGISTRAR'S SIGNATURE John D. Malone ADDRESS W.W. Contractors Co - Riverton Rd	
24. FUNERAL DIRECTOR			

REFEVIEWED
JUN 28 1964

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06194

CERTIFICATE OF DEATH

Reg. Dist. No. 2402

1. PLACE OF DEATH: Prince George
County.....
City or town..... Fairmount Heights
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 yrs.
Hospital, Institution, or street address where death occurred: 700 - 61" Ave.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince George
City or town Fairmount Heights
(If outside city or town limits, write RURAL and give nearest town)
Street No. 700 - 61" Ave.
(If rural, give LOCATION)

3. (a) FULL NAME

Patrick Diggs

3. (b) Social Security Number

4. Sex Male 5. Color or race Negro 6. (a) Single, married, widowed, or divorced married
6. (b) Name of husband or wife Mary Maudie Diggs 6. (c) If alive, give age 47 years
7. Birth date of deceased (mo., day, yr.) Feb. 2, 1899
8. AGE: Years Months Days If less than one day
52 4 hrs. min.
9. Birthplace Upper Marlboro, Md.
(Town, county, and state)
10. Usual occupation Carpenter

11. Industry or business

MOTHER FATHER
12. Name Gabriel Diggs
13. Birthplace Upper Marlboro, Md.
14. Maiden name Annie Olson
15. Birthplace Upper Marlboro, Md.
16. Informant Mrs. Maudie Diggs
Address 700 - 61" Ave.

17. Burial Burial Date thereof 6-19-51
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Mt. Olivet
Location Washington D.C.
18. Funeral director Henry S. Washington
Address 467 - "W" st. N.W. D.C.

Date June 16 1951 Carrie S. Campbell
(Date rec'd by registrar) Registrars

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1951, at 8:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 22, 1951, to June 16, 1951, and that I last saw him alive on June 15, 1951.

Immediate cause of death

Cerebral Hemorrhage

Due to Hypertensive Cardio Vas. Dis.

Due to 4L3X
9:30Other conditions Hemiplegia + Hemorrhage
since 1947
(Include pregnancy within 8 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John W. Mahan, M.D.

M. D. or other

Address 1001 Eastern Ave. N.E. Date signed 6/16/51

RECEIVED
JUN 19 1951

BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06195

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH 249 AUDREY LANE, S.E.-Oxon Hill COUNTY Prince Georges			2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND COUNTY Prince George's		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Oxon Hill, Maryland			LENGTH OF STAY (in this place) 3 Years		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 249 AUDREY LANE, S.E.			STREET ADDRESS 249 Audrey Lane, S.E. Oxon Hill, Md.		
3. NAME OF DECEASED (Type or Print)	(First) STEFEN	(Middle)	(Last) DINJASKI	4. DATE OF DEATH JUNE 6th, 1951	(Month) (Day) (Year) 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH 1878	9. AGE last birthday 73	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) work			10b. KIND OF BUSINESS OR INDUSTRY unk.		
11. BIRTHPLACE (State or foreign country) Belgrade, Yugoslavia			12. CITIZEN OF WHAT COUNTRY Yugoslavia		
13. FATHER'S NAME MR. ----- DINJASKI			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT AND ADDRESS Mr. Feltus Kaufman-1500 Lee Blvd., Arl.Va.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) *Acute Cardiac insufficiency*
Sudden death

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last

(b)

Coronary artery sclerosis

(c) *years*

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

*No*INTERVAL BETWEEN
ONSET AND DEATH

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
--	---	----------------	----------	---------

TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work	HOW DID INJURY OCCUR? Not While At work
of INJURY	m.				

22. I hereby certify that I attended the deceased from	May 1, 1948, to June 6, 1951,	that I last saw the deceased
alive on	June 4, 1951,	and that death occurred at

SIGNATURE *John J. Deegan, M.D.* (Degree or title) ADDRESS *1746 K. Street, N.W.-WASH. D.C.* DATE SIGNED *6/6/51*

23. BURIAL, Cremation REMOVAL (Sewer)	DATE THEREOF 6/8/51	NAME OF CEMETERY OR CREMATORIUM CEDAR HILL CEMETERY	LOCATION (City, town, or county) SUITLAND, MD	(State)
--	------------------------	--	--	---------

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE Carrie F. Campbell	24. FUNERAL DIRECTOR ADDRESS Martin W. Young Co - 1300 N. St., Wash., D.C.
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(over)

JUNE 6th, 1951-DR. JAMES I. BOYD, Coroner, Was Notified
And He Will Approve This Certificate.

RECEIVED
JUN 12 1951
FEDERAL BUREAU OF INVESTIGATION

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06473

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH CITY		2. USUAL RESIDENCE (HOME) OF DECEASED. CITY	
Prince George MARYLAND		Maryland Prince George	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)	
TOWN Chesapeake		6 days	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Street Address 600-48th Street	
Prince George's County			
3. NAME OF DECEASED (Type or Print)	(First) Ida	(Middle)	(Last) Dove
4. DATE OF DEATH	(Month) June	(Day) 2	(Year) 1951
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) M	8. DATE OF BIRTH Feb 12 1880
9. AGE last birthday 71 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) INDUSTRY U.S.A. Wash. D.C.	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Unknown	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.			
17. INFORMANT AND ADDRESS			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Hypertension Coronary Heart Disease

INTERVAL BETWEEN
ONSET AND DEATH
5-10 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause

stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
INJURY				
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work m. Not While At work	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan. 15, 1951, to June 2, 1951, that I last saw the deceased

alive on June 1, 1951, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county)	(State)
Burial	6/6/51	Cedar Hill Cemetery	Seftland, Md.	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR		
6/2/51	Amanda Douray	W.W. Chambers Co. 517-11st St. S.E.		

BUREAU K-5

JUN 6 1951

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS06196
Reg. Dist. No. 232

1. PLACE OF DEATH CITY TOWN (Rural) HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND Upper Marlboro Transient (In this place)		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE CITY TOWN STREET ADDRESS		COUNTY Anne Arundel Maryland (Lothian) (If rural, give location) Near Upper Marlboro		
3. NAME OF DECEASED (Type or Print)		(First) Mary	(Middle) Ida	(Last) Fletcher	4. DATE OF DEATH	(Month) 6	(Day) 18	(Year) 1951
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Mar. 5, 1920	9. AGE last birthday 31 yrs.	If under 1 year Months	If under 24 hrs Days	If under 24 hrs Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Tenant	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13. FATHER'S NAME Benjamin Jones		14. MOTHER'S MAIDEN NAME Mamie Wright		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS James H. Jones Lothian, Md. (Brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

442X Immediate cause

(a) Acute pulmonary edema

1312 Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

(b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

20. AUTOPSY?

Yes No

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
--	---	----------------	----------	---------

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at m. work <input type="checkbox"/> at work <input type="checkbox"/>	HOW DID INJURY OCCUR?
--	--	-----------------------

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

6-18-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 6/20/51	NAME OF CEMETERY OR CREMATORIUM Sollers' Cemetery	LOCATION (City, town, or county) Drury,	(State) Md.
--	-------------------------	--	--	----------------

DATE REC'D BY LOCAL REG. REG.	REGISTER'S SIGNATURE June 18 1951 (R. G. Smith)	24. FUNERAL DIRECTOR T.A. Hardesty & Son-Galesville, Md.	ADDRESS
----------------------------------	--	---	---------

RECEIVED

JUN 19 1951

BURGESS A. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06197

231

Reg. Dist. No.

1. PLACE OF DEATH COUNTY Prince George's		2. USUAL RESIDENCE (HOME) OF DECEASED STATE New York	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Upper Marlboro		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New York	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 301		STREET ADDRESS 182 West 179 Street (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) Anita	(Middle)	(Last) Frank
4. DATE OF DEATH	6	(Month) 4	(Day) 51
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
Female	White	MARRIED	Oct. 11, 1921
10a. USUAL OCCUPATION (Give kind of work done during month of death if not retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Commercial artist	Toy	Germany	U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Max Hepner	Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
No		Elias Frank	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause

(a) Hemorrhage and shock

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(b) _____

(c) _____

Crushed skull

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, of office, etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED at work <input type="checkbox"/> Not white <input type="checkbox"/> at work <input checked="" type="checkbox"/>	Upper Marlboro	P. G.	Md.
OF INJURY 6 4 51 7:45	at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR?		
Occupant of a car that was in a collision				

22. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident suicide , homicide , undetermined .

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THIRTEEN OF	NAME OF CEMETERY OR CREMATORIUM	LOCATION (City, town, or county)	(State)
DATE REC'D BY LOCAL REG 6/5/51	REGISTRAR'S SIGNATURE Amanda Downey	24. FUNERAL DIRECTOR	ADDRESS James J. Maschis Sons Forestville, Md.	

004899

RECEIVED
JUN 14 1951

BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06198

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH COUNTY <i>Prince George's</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Cheverly</i>		LENGTH OF STAY (in this place) <i>2 days</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Prince George Gen Hosp</i>		3. NAME OF DECEASED (First) <i>Theresa</i> (Middle) <i>Elizabeth</i> (Last) <i>Gibbons</i>	
4. SEX <i>Female</i>	5. COLOR OR RACE <i>White</i>	6. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	7. DATE OF BIRTH <i>Jan. 9, 1861</i>
8. AGE last birthday <i>90</i>	9. If under 1 year Months yrs.	10. If under 24 hrs. Days Hours Min.	11. 4. DATE OF DEATH <i>June 3, 1951</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>in own home</i>	
13. FATHER'S NAME <i>John Hawks</i>		11. BIRTHPLACE (State or foreign country) <i>Penn.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Ann Lahey</i>	
17. INFORMANT AND ADDRESS <i>Anna Gibbons 3900-39th St.</i>		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause
443X(a) *Hypertensive Cardio-Vascular Disease*INTERVAL BETWEEN
ONSET AND DEATH
10 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last
93d

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE <i>Suicide</i>	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) <i>Injury</i>	(CITY OR TOWN)	(COUNTY)	(STATE)	
TIME (Month)	(Day)	(Year)	INJURY OCCURRED OF INJURY m.	While at Work <input type="checkbox"/>	Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Apr. 13, 1951*, to *June 2, 1951*, that I last saw the deceasedalive on *June 2, 1951*, and that death occurred at *12:30 p.m.* from the causes and on the date stated above.SIGNATURE *Charles C. Haggard M.D.* (Degree or title) ADDRESSDATE SIGNED *6/3/51*

23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>6/6/51</i>	NAME OF CEMETERY OR CREMATORIAL <i>Cathedral Cemetery Scranton</i>	LOCATION (City, town, or county) (State) <i>Pa.</i>
DATE REC'D BY LOCAL REG. <i>6/4/51</i>	REGISTRAR'S SIGNATURE <i>Amanda Dourney</i>	24. FUNERAL DIRECTOR <i>Nalley's Funeral Home</i>	ADDRESS <i>Mt. Rainier, Md.</i>

RECEIVED

JUN 6 1951

BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

06199

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH CITY TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND LENGTH OF STAY (In this place) 3 days		2. USUAL RESIDENCE (HOME) OF DECEASED STATE CITY TOWN STREET ADDRESS	
Princi Giorgio Chevy Ch.		MARYLAND 3 days		Maryland College Park 9703-48 in Place -	
3. NAME OF DECEASED (Type or Print)		(First) Gospkay (Middle) Johnson (Last)		4. DATE OF DEATH June 25 1957	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-13-14	9. AGE last birthday 46 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
Supervisor of workers				12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME William D. Sormsky		14. MOTHER'S MAIDEN NAME Lila Bell Robinson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS James R. Sormsky Brother - 1218 Saratoga Ave., Wash. D.C.	

II. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

816.5

Immediate cause

(a)

Toxemia

Antecedent cause(s)

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

Generalized peritonitis

1702

(c)

Rupture of jejunum

INTERVAL BETWEEN
ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, of office bldg., etc.)	(CITY OR TOWN) College Park - Pr. Geo. Rd.	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY 6-21-51-5:10 P.m.	INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input type="checkbox"/>	HOW DID INJURY OCCUR? Struck by an automobile which collided with rear of a truck	

22. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes accident suicide homicide undetermined .

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. FUNERAL, CREMATION REMOVAL (Specify) Burial	DATE OF THE CEREMONY July 2, 1951	NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) Arlington Cemetery, Arlington, Va.	(State)
DATE REC'D BY LOCAL REG. DATE REC'D BY LOCAL REG.	REG. REGISTRAR'S SIGNATURE Amanda Downey	34. FUNERAL DIRECTOR	ADDRESS
June 29		E. Gasche son, Hyattsville Md.	

RECEIVED

JUL 1 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06200

CERTIFICATE OF DEATH

Reg. Dist. No. 243

I. PLACE OF DEATH COUNTY Prince Georges		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C.			
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Glenn Dale (Rural)		LENGTH OF STAY (in this place) 13 yrs., and 20 days.			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington STREET ADDRESS 3029 13th St., N. W.			
3. NAME OF DECEASED (Type or Print)	(First) JAMES	(Middle) E.	(Last) GRAY		
4. DATE OF DEATH	(Month) 6	(Day) 24	(Year) 1951		
5. SEX	6. COLOR OR RACE Male Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/28/1881		
9. AGE last birthday 69 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Messenger	11. KIND OF BUSINESS OR INDUSTRY US Government	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME James W. Gray	14. MOTHER'S MAIDEN NAME Annie C. Piper				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT AND ADDRESS Decedent			
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
Immediate cause <i>002X</i>	(a) Pulmonary Tuberculosis, Far Advanced Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>136</i> (b) (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				
20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>June 4, 1938</i> , to <i>June 24, 1951</i> , that I last saw the deceased alive on <i>June 24, 1951</i> , and that death occurred at <i>5 A.m.</i> , from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS Glenn Dale Sanatorium DATE SIGNED <i>Daniel P. Finegan M.D.</i> <i>Glenn Dale, Maryland</i> <i>6/24/51</i>					
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF <i>6/24/51</i>	NAME OF CEMETERY OR CREMATORIAL <i>Glenn Dale Cemetery</i>	LOCATION (City, town, or county) <i>Washington D.C.</i>	(State)	
DATE REC'D BY LOCAL REG. <i>6/24/51</i>	REGISTRAR'S SIGNATURE <i>Joe Wey</i>	24. FUNERAL DIRECTOR ADDRESS <i>The Mc Ginn Funeral Service, 1800, 9th St. N.W. D.C.</i>			



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06201-232
Reg. Dist. No.....

1. PLACE OF DEATH- COUNTY <i>Pr. Boro</i>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <i>MD</i>		COUNTY <i>PS</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <i>Rural - Upper Marlboro</i>		LENGTH OF STAY (in this place) <i>Life</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Rural - Upper Marlboro, Md.</i>		STREET ADDRESS <i>Dr. Wells Corner</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS						(If rural, give location)	
3. NAME OF DECEASED (Type or Print) <i>Susan</i>		(First) (Middle) <i>Elizabeth</i>		(Last) <i>Hall</i>		4. DATE OF DEATH <i>June 12 1957</i>	
5. SEX <i>F</i>		6. COLOR OR RACE <i>W</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Own Home</i>		8. DATE OF BIRTH <i>May 10, 1871</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Bowling</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>		9. AGE last birthday <i>80 yrs.</i>		11. BIRTHPLACE (State or foreign country) <i>MD</i>	
13. FATHER'S NAME (MM) <i>John E. Bowling</i>		14. MOTHER'S MAIDEN NAME <i>Christiana J. Plummer</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>20</i>		17. INFORMANT <i>Mrs. Suzanne Hall (daughter)</i>			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause (a) <i>Cerebral Arteriosclerosis</i>							
334X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>97</i> (b) _____ (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) <i>INJURY</i>		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/> m. _____		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Jan.</i> , 19 <i>51</i> , to <i>12 June</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>12 June</i> , 19 <i>51</i> , and that death occurred at <i>10:29</i> m., from the causes and on the date stated above.							
SIGNATURE <i>R.B. Bassett</i>		(Degree or title) <i>Empl. Carmee</i>		ADDRESS <i>Dr. W. Upper Marlboro, Md.</i>		DATE SIGNED <i>12 June 51</i>	
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		DATE THEREOF <i>June 14, 1951</i>		NAME OF CEMETERY OR CREMATORIAL <i>Carmee</i>		LOCATION (City, town, or county) <i>Upper Marlboro, Md.</i>	
DATE REC'D BY LOCAL REG. <i>June 13, 1951</i>		REGISTRAR'S SIGNATURE <i>R. Bassett</i>		24. FUNERAL DIRECTOR <i>Ritchie Bros. Upper</i>		ADDRESS <i>Marlboro, N.J.</i>	

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V.S. 415

RECEIVED
BUREAU V. S.

JUN 15 1951

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

062012

CERTIFICATE OF DEATH

Reg. Dist. No. 275

1. PLACE OF DEATH COUNTY <i>Prince George</i>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>MARYLAND</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Jakoma Park</i>		LENGTH OF STAY (in this place) <i>8 years</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>319 Elm Avenue</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Jakoma Park</i>	
3. NAME OF DECEASED (Type or Print) <i>OLIVE</i>		4. DATE OF DEATH <i>June 6 1951</i>	
(First) <i>OLIVE</i>		(Middle) <i>FANNY</i>	
(Last) <i>HARDISTY</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <i>Married</i>	8. DATE OF BIRTH <i>August 21, 1882</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>at Home</i>	
11. BIRTHPLACE (State or foreign country) <i>England</i>		12. CITIZEN OF WHAT COUNTRY? <i>A.S.A.</i>	
13. FATHER'S NAME <i>William Morris White</i>		14. MOTHER'S MAIDEN NAME <i>Mary</i> ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i> </i>	
17. INFORMANT AND ADDRESS <i>Elwood J. Hardisty, 319 Elm Ave. 2nd Park. Md</i>		18. MEDICAL CERTIFICATION	
INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause <i>420.1</i> Antecedent cause(s) <i>93d</i> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			
(a) <i>Acute coronary thrombosis</i> (b) <i>Arteriosclerotic hypertension, heart disease</i> (c) <i>Myocarditis</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) <i>INJURY</i>	(CITY OR TOWN) <i> </i>
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR? <i> </i>
22. I hereby certify that I attended the deceased from <i>319 Elm</i> , 19 <i>51</i> , to <i>June 6, 1951</i> , that I last saw the deceased alive on <i>May 27, 1951</i> , and that death occurred at <i>7 A.m.</i> from the causes and on the date stated above.			
SIGNATURE <i>D. Courtney, M.D.</i>	(Degree or title) <i>5601 - 4</i>	ADDRESS <i>1414 1/2 Washington St. S.E. Washington, D.C.</i>	DATE SIGNED <i>6/6/51</i>
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>June 8, 1951</i>	NAME OF CEMETERY OR CREMATORIUM <i>Fort Lincoln Cemetery</i>	LOCATION (City, town, or county) (State) <i>Hyattsville, Prince Co. Md.</i>
DATE REC'D BY LOCAL REG. REG.	REGISTRAR'S SIGNATURE <i>June 6, 1951 James Sevey</i>	24. FUNERAL DIRECTOR ADDRESS <i>D. Arthur Shabers, 254 Carroll St. New Washington, D.C.</i>	

Dover Boys writes to me on June 6th, at 7³¹
+ approves the certificate.

J. Bentley M.D.

RECEIVED
BUREAU U.S.
JUN 7 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06203

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH. COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE	
Prince Georges CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Colmar Manor		MARYLAND Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colmar Manor	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4300 Newark Road		LENGTH OF STAY (in this place) 10 yrs.	
3. NAME OF DECEASED (Type or Print)		(First) (Middle) (Last)	
CATHERINE		SARAH HEFFNER	
5. SEX Female		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 18/1894	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		10b. KIND OF BUSINESS OR INDUSTRY Restaurant	
13. FATHER'S NAME Kimmel		11. BIRTHPLACE (State or foreign country) Mechanicsburg, Penna.	
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If year, give war or dates of service) no		16. SOCIAL SECURITY NO. 218-10-2530	
17. INFORMANT AND ADDRESS George W. Heffner, 4300 Newark Rd., Colmar Manor, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause 420.0		a. Acute Coronary Occlusion - 1 hr.	
Antecedent cause(s) 93d		b. Arteriosclerotic Heart Disease - 2	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		c. Arteriosclerosis - 2	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Irene -	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY)		(STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?					

22. I hereby certify that I attended the deceased from....., 1930, to 6/23, 1951, that I last saw the deceased alive on 6/23, 1951, and that death occurred at 9:15 a.m., from the causes and on the date stated above.

SIGNATURE

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)		DATE		NAME OF CEMETERY OR Crematory		LOCATION (City, town, or county)		(State)	
Burial		July 2/1951		Trindle Springs		Mechanicsburg, Penna.			

DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS	
7/1/51		Amanda Downey		W.W. Chambers Company, Riverdale, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A/H

6/30.57

Coroner Notified and will
approve -

W.H. Thompson



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY; WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

06204

Reg. Dist. No.

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
<i>Prince George's</i>		MARYLAND	
CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
OR TOWN		OR TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
<i>College Park</i>		<i>College Park - Cambridge Park.</i>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) <i>Clarence</i>		(Month) <i>June</i> (Day) <i>13</i> (Year) <i>1957</i>	
(Middle) <i>Rhodes</i>			
(Last) <i>Hiltibruck</i>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
<i>Male</i>	<i>White</i>	<i>Married</i>	<i>11-10-1892</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	
<i>Tenor</i>		<i>Virginia</i>	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
<i>Music dealer</i>		<i>1950</i>	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
<i>Polson Hiltibruck</i>		<i>Margaret Rhodes</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT AND ADDRESS	
		<i>Mary J. Hiltibruck (Same)</i>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause

(a)

Acute congestive heart failure

420.1 Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(b)

Cardiovascular renal disease

131a (c)

Coronary sclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

20. AUTOPSY?

Yes No

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
		INJURY			

TIME (Month) (Day) (Year)	(Hour)	INJURY OCCURRED OF INJURY	While at m. work	Not while at work	HOW DID INJURY OCCUR?
---------------------------	--------	---------------------------------	---------------------	----------------------	-----------------------

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF	NAME OF CEMETERY OR CREMATORIUM	LOCATION (City, town, or county)	(State)
<i>Burial</i>		<i>16 June 1951</i>	<i>Baltimore Cemetery</i>	<i>Baltimore</i>	<i>Balto Co., Md.</i>

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<i>June 14 1951 Mrs. Jas. Seaver (Deputy)</i>	<i>(Seaver)</i>	<i>Herman Funeral Home - Baltimore, Md.</i>	<i>201609</i>

RECEIVED

18 1957

LIBRARY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06205

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH COUNTY <i>Prince George</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Chesapeake</i>		LENGTH OF STAY (in this place) <i>34 days</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Linden George General</i>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Chesapeake</i> STREET ADDRESS <i>6115 Archar Street</i>	
3. NAME OF DECEASED (Type or Print) <i>Lena</i>	(First) <i>Lena</i>	(Middle) <i>De</i>	(Last) <i>Hinegardner</i>
4. DATE OF DEATH <i>July 11, 1951</i>	(Month) <i>July</i>	(Day) <i>8</i>	(Year) <i>51</i>
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>m</i>	8. DATE OF BIRTH <i>July 11, 1895</i>
9. AGE last birthday Months <i>65</i>	10. KIND OF BUSINESS OR INDUSTRY <i>Sold</i>	11. BIRTHPLACE (State or foreign country) <i>Virginia</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>Richard L. Myers</i>	14. MOTHER'S MAIDEN NAME <i>Madgalene Kagy</i>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	
16. SOCIAL SECURITY NO. <i>17-11-1111</i>	17. INFORMANT <i>Guy Hinegardner</i>	18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) *Cerebral hemorrhage*INTERVAL BETWEEN
ONSET AND DEATH*May 4 to June 8
1951*

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last(b) *Myocardial changes & old**93d*(c) *Hypertension**years,*

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No 21. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street,
OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF
INJURYINJURY OCCURRED
While at Work At work

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May 4, 1951*, to *June 8, 1951*, that I last saw the deceasedalive on *June 7, 1951*, and that death occurred at *4:05 p.m.*, from the causes and on the date stated above.
SIGNATURE *JM* ADDRESS *666 Maryland, N.E. Washington, D.C.* DATE SIGNED *1951*23. BURIAL, CREMATION
REMOVAL (Specify) *Burial*DATE THEREOF *6/11/51*NAME OF CEMETERY OR CREMATORIAL *Fort Lincoln*LOCATION (City, town, or county) *Baltimore, Maryland*

(State)

DATE REC'D BY LOCAL
REG. *6/18/51*REGISTRAR'S SIGNATURE *Amanda Dourney*24. FUNERAL DIRECTOR *J. M. H. Johnson*ADDRESS *300 9th St. N.E. Wash. D.C.*

VS-A15 T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU U. S.

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RECEIVED
RECEIVED
RECEIVED

BUREAU U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06206

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH COUNTY <i>Prince George</i>		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE <i>MARYLAND</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) <i>RURAL</i>		LENGTH OF STAY (in this place)	
TOWN <i>Cheverly</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>RURAL</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Prince George General Hospital</i>		STREET ADDRESS <i>4112 Gallatin St.</i>	
3. NAME OF DECEASED (First) <i>Maurice</i> (Middle) <i>NABEL</i> (Last) <i>Brown</i>		4. DATE OF DEATH <i>Hoffman June 23 1951</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Feb. 27 1875</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired college representative</i>		9. AGE last birthday <i>76 yrs.</i>	
10b. KIND OF BUSINESS OR INDUSTRY <i>—</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
13. FATHER'S NAME <i>John Little Hoffman</i>		14. MOTHER'S MAIDEN NAME <i>Selena Brown</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) <i>—</i>		16. SOCIAL SECURITY NO. <i>—</i>	
17. INFORMANT AND ADDRESS <i>Grace M. Hoffman Hyattsville Md</i>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
<p>Immediate cause <i>Cerebral Thrombosis with cyst of left internal capsule</i></p> <p>Antecedent cause(s) <i>420.0 Coronary arteriosclerotic heart disease & mild failure</i></p> <p>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>131a Generalized Arteriosclerosis</i></p>			
INTERVAL BETWEEN ONSET AND DEATH			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <i>a) Nephrosclerosis, anterior. b) Cholelithiasis</i>			
19a. DATE OF OPERATION <i>—</i>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/> m.	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>6-19, 1951</i> to <i>6-23, 1951</i> , that I last saw the deceased alive on <i>6-22, 1951</i> , and that death occurred at <i>5:00 P.M.</i> from the causes and on the date stated above.			
SIGNATURE <i>W. Brown</i>		(Degree or title) <i>W.D. Mt. Rainier Ind</i>	
DATE SIGNED <i>6-23-51</i>			
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		DATE THEREOF <i>6/25/51</i>	
NAME OF CEMETERY OR CREMATORY <i>Nat Capital Park Cemetery</i>		LOCATION (City, town, or county) <i>Muskogee Ind</i>	
DATE REC'D BY LOCAL <i>6-24-51</i>		REG. # <i>Ananda Downey</i>	
REG. # <i>624-51</i>		24. FUNERAL DIRECTOR ADDRESS <i>F. Gacche sons Hyattsville Md</i>	
690-469			

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JUN 26 1951
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06207

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
CITY (If outside corporate limits, write RURAL and OR give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	COUNTY
TOWN	25 years	TOWN	Landover
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS		
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
Margaret James		July 27 1951	
5. SEX		6. COLOR OR RACE	
Female Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	
8. DATE OF BIRTH		9. AGE last birthday	
1951		11 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
Dressmaker		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Johnson		Mrs Mary Chisley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
No			
17. INFORMANT		18. MEDICAL CERTIFICATION	
Mr. John Johnson		Cerebral Hemorrhage	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause		(a) Cerebral Hemorrhage 5 days	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(b) Hypertension, Hypertension ?	
93d		(c) Cardio-vascular Disease ?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> HOW DID INJURY OCCUR?	
m.			
22. I hereby certify that I attended the deceased from		alive on	
SIGNATURE		DATE (Degree or title) ADDRESS DATE SIGNED	
H. E. Belden M.D.		4473-Hurley Pl. N.E. 6-27-51	
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)	
Removal		6-27-51 Washington, D.C. 13-22 Col. N.W.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE FUNERAL DIRECTOR	
6-27-51		Amanda Dauney G. N. Harton 1322 U St N.W. Wash. D.C. 690448	

RECEIVED

JUL 1 1951

BUREAU V. S.

Thomas W. Keel
T. W. K.

Thomas W. Keel

Keel

Thom

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06208

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
<i>Prince Georges</i>		MARYLAND <i>Maryland</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		LENGTH OF STAY (in this place)	
<i>Cheverly</i>		10 mo.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		<i>Prince George General</i>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) (Middle) (Last)		June 14, 1951	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
<i>f.e.</i>	<i>wh.</i>	<i>June 13, 1951</i>	9. AGE last birthday yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
<i>Newborn</i>		11. BIRTHPLACE (State or foreign country)	
		<i>Maryland</i>	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
<i>Mr. Billie S. Jenkins</i>		<i>Patricia Turpin</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT AND ADDRESS	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

7625 Immediate cause (a) *Prematurity Atalectasis*
 Antecedent cause(s) (b) *Prematurity*
 Diseases or conditions, if any, giving rise to the above cause (c) *stating the underlying cause last*

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
INJURY		INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) OF While at Not While INJURY m. Work <input type="checkbox"/> At work <input type="checkbox"/> HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from *June 13, 1951*, to *June 14, 1951*, that I last saw the deceased alive on *June 14, 1951*, and that death occurred at *4:15 A.M.* from the causes and on the date stated above.
 SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town or county)	(State)
<i>Burial</i>	<i>6/16/51</i>	<i>Prince George Gen Hosp Cheverly</i>	<i>Md</i>	
DATE REC'D BY LOCAL REG.	REGISTRA'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<i>6/19/51</i>	<i>Amanda Dooney</i>	<i>Harry W. Penn Jr. Esq.</i>		

206131 221220

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BUREAU V. S.
JUN 22 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06200

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH COUNTY PRINCE GEORGES		2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN R.F.D.-LANHAM		LENGTH OF STAY (in this place) LIFE	
HOSPITAL OR INSTITUTION OR STREET ADDRESS (SEACROOK) LANHAM-SEVERN Road		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.F.D.-LANHAM (SEACROOK)	
STREET ADDRESS LANHAM-SEVERN Rd		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) LINDA	(First) SUE	(Middle) JOHNSTON	(Last)
4. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH DEC. 2/1977
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) WASHINGTON, D.C.	12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME ARTHUR THOMAS JOHNSTON	14. MOTHER'S MAIDEN NAME MARY ADELAIDE JOHNSTON		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Arthur T. Johnson - R.F.D., Lanham Md	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause (a) Cerebral Compression several weeks
 Antecedent cause(s) (b) Hydrocephalus since birth

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last
1952

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
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TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
--	--	-----------------------

22. I hereby certify that I attended the deceased from July 1949, to June 4, 1951, that I last saw the deceased
alive on June 1, 1951, and that death occurred at 12 Noon m., from the causes and on the date stated above.
SIGNATURE ADDRESS DATE SIGNED
Duffy O'Wattie MD 5304 Annapolis Rd Hyattsville Md 6-5-51

23. FUNERAL CREMATION REMOVED	DATE June 7/51	NAME OF CEMETERY OR CREMATORIUM FORT Lincoln Cem.	LOCATION (City, town, or county) COLMAR Manor Pa. 60. Md.
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DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE Carrie J. Campbell	24. FUNERAL DIRECTOR W.W. Chambers Co-Rivendale Md
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RECEIVED

JUN 12 1951

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06210

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH CITY TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED STATE CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN STREET ADDRESS			
Prince George MARYLAND Riverdale, Md. 245 day		Md. Prince George Cedar Valley Md. (If rural, give location) 5209 Valley Rd. S.E. Nash 29, I.C.			
3. NAME OF DECEASED (First) (Type or Print)	(Middle)	(Last)	4. DATE OF DEATH		
Eetsy	Virginia	William	June 8 1951		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH		
Female	White	At Home	3/19/82		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY		
Housewife	None	N. Carolina	U.S.A.		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
George Walsh Orrell	Margaret Everea Hughes				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, Unknown) (If yes, give year or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS			
No	None	Gaylord H. Kerzany - 5209 Valley Rd. Wash. 20, D.C.			
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH			
Immediate cause 332X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83b		Cerebral Thrombosis General Arteriosclerosis 8 Mo. undetermined			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from alive on <u>Jan. 7, 1957</u> , and that death occurred at <u>7:03 a.m.</u> , from the causes and on the date stated above. SIGNATURE <u>L.W. Malen M.D.</u> ADDRESS <u>Riverdale, Md.</u> DATE SIGNED <u>6-8-57</u>					
23. BURIAL, CREMATION REMAINS (Specify)	DATE THEREOF <u>June 8/1951</u>	NAME OF CEMETERY OR CREMATORIAL <u>Green Hill Cemetery</u>	LOCATION (City, town, or county) <u>Greensboro, N.C.</u>	(State)	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <u>Mrs. Jas. Severe</u>	24. FUNERAL DIRECTOR <u>W.W. Chambers Co-Riverside 410</u>	ADDRESS <u>(Nativity Social)</u>		

RECEIVED
JUN 11 1951
BUREAU U.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. And correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06211

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County

Prince George Co.

City or town

Brandywine

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

5 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Ewans

Kelly

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Ella Kelly

7. Birth date of deceased (mo., day, yr.)

6.(c) If alive, give age years

8. AGE:

Years
56

Months

Days

If less than one day

hrs. min.

9. Birthplace

Washington DC

(Town, county, and state)

10. Usual occupation

Cook Navy yard

11. Industry or business

MOTHER FATHER

12. Name Thomas B. Kelly

13. Birthplace Wash. DC

14. Maiden name MARGARET Does

15. Birthplace Va.

16. Informant

Margaret Downing

Address Cavalier Cpts Wash DC

17. (Burial) cremation, or removal. Which?

Date thereof June 23 - 1951

Cemetery or crematory

Cedar Hill

Location

Suitland Md.

18. Funeral director

Timothy Hanlon.

Address 641-14-St. N. E.

19. 6/21

19.51

(Date rec'd by registrar)

Amanda Downey

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State

Maryland County Prince George

City or town

Brandywine Md.

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 20 1951 at 11140p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug. 18 46 to June 20 1951

and that I last saw him alive on June 20

1951

Immediate cause of death

Cerebrovascular heart disease

DURATION

10 year

Due to

420.0

Due to

Other conditions

93d

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

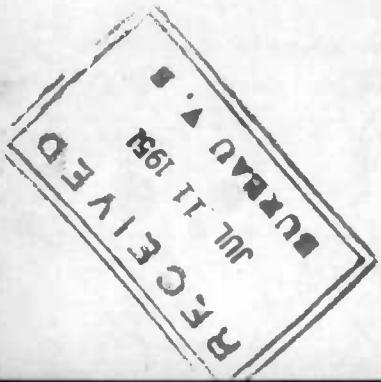
Eugene Cole MD.

D. or other

Address

639 E Capitol

Date signed June 21 1951
06211



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06212

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County

Forestville - Washington 1980

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

6 weeks

Hospital, institution, or street address where death occurred:

5403 Pine St. S.E. Washington 1980

How long in hospital or institution?

none

3. (a) FULL NAME

Robert Edmund Knoeller

4. Sex

5. Color or race

B.(a) Single, married, widowed, or divorced

Male is white married.

B.(b) Name of husband or wife

Grace Stephens Knoeller

7. Birth date of deceased (mo., day, yr.)

Jan 21 1892

(c) If alive, give age

59

years

8. AGE:

Years
59

Months

Days

If less than one day

hrs. min.

9. Birthplace

Hallstead, Pennsylvania

(Town, county, and state)

10. Usual occupation

Contractor and Builder

11. Industry or business

Retired - Self Employed.

12. Name

Charles H. Knoeller

13. Birthplace

Brooklyn, New York City

14. Maiden name

Sarah Bernell

15. Birthplace

Tama (Suffolk)

16. Informant

Edward L. Reed, (Sister)

Address

5403 Pine St, Washington 1980

17. Burial

Date thereof June 10 1951

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Rose Hill

Location

Hallstead, Pa. Tuttle

18. Funeral director

Ritchie Bros. Funeral Home

Address

Upper Marlboro, Md.

19. (Date rec'd by registrar)

June 7- 1951 Edna Collins

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Pennsylvania County Scranton

City or town

Great Bend (If outside city or town limits, write RURAL and give nearest town)

Street No.

Main Street (If rural, give LOCATION)

2.(a) If veteran, name war

no

3. (b) Social Security Number

199094709

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1951 at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 24 1951 to June 7 1951

and that I last saw him alive on June 6 1951

Immediate cause of death

Acute Congestive
Heart Failure

Due to Cardiomegaly

Prostate with

metastases

Other conditions Secondary

arthritis

(Include pregnancy within 3 months of death)

Major findings of operations

515 Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causee, fill in the following:

Accident, suicide, or homicide Natural Cause

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Doc. C. H. Hall

M. D. Address Washington 1980 Date June 7 1951

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JUN 14 1951

BUREAU V 8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06213

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH COUNTY PRINCE GEORGE MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE WASHINGTON COUNTY D.C.	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN HYATTSVILLE		LENGTH OF STAY (in this place) 55 days	
HOSPITAL OR INSTITUTION OR STREET ADDRESS HYATTSVILLE COMPRESCENT HOM		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN WASHINGTON D.C. STREET (If rural, give location) ADDRESS 200 WALNUT ST. N.W.	
3. NAME OF DECEASED (Type or Print) Carrie Parker La Roche		4. DATE OF DEATH 6 23 1951	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 8, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY at home	
13. FATHER'S NAME Horace Parker		11. BIRTHPLACE (State or foreign country) Lunenburg, Va.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		12. CITIZEN OF WHAT COUNTRY? A-S-A	
16. SOCIAL SECURITY NO. None		14. MOTHER'S MAIDEN NAME Georgianna Lewis	
17. INFORMANT AND ADDRESS Elizabeth L. Campbell - Daughter		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) Hypertensive and Arteriosclerotic Antecedent cause(s) (b) Heart disease Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c) C.V.D. 420.0 93d			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.		INJURY OCCURRED While at Work □ Not While At work □ HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-19, 1951, to 6-23, 1951, that I last saw the deceased alive on 6-23, 1951, and that death occurred at 1 P.M., from the causes and on the date stated above. SIGNATURE DATE SIGNED			
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 6/27/51 NAME OF CEMETERY OR CREMATORIAL Arlington Nat. LOCATION (City, town, or county) Arlington, Va.	
DATE REC'D BY LOCAL REG. June 25 1951		REGISTRAR'S SIGNATURE Jas. Silverman	
24. FUNERAL DIRECTOR W. Chambers Co.		ADDRESS 517-11th St SE Wash. D.C.	

RECEIVED
JUN 28 1961

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06214

Reg. Dist. No. 342

1. PLACE OF DEATH COUNTY Prince George MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY P. G.	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Boulevard Heights		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Boulevard Heights	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4800 W		STREET ADDRESS 4802 - W	
3. NAME OF DECEASED (Type or Print)	(First) Bessee (Middle) Lillian (Last)	4. DATE OF DEATH Jan 23 1951	(Month) (Day) (Year)
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED. Married	8. DATE OF BIRTH Jan 23 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Bus. None	9. AGE last birthday 67 yrs.
13. FATHER'S NAME unknown		14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS Mary Kersaw		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
<p>Immediate cause (a) ... Intracranial hemorrhage</p> <p>Antecedent cause(s) (b) ... Cardiovascular disease closed</p> <p>Diseases or conditions, if any, giving rise to the above cause (c) ... Diabetes</p>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .			
SIGNATURE James J. D.		(Degree or title) ADDRESS	DATE SIGNED 6-16-51
27. BURIAL, CREMATION REMOVAL (Specify) BURIAL		DATE THEREOF June 19 1951 NAME OF CEMETERY OR CREMATORIAL Washington National	
DATE REC'D BY LOCAL REG. June 17 1951		LOCATION (City, town, or county) (State) Suitland, Maryland	
REG. Corrie F. Campbell		24. FUNERAL DIRECTOR ADDRESS W.W. CHAMBERS CO., 517 11th St., S.E. Nash. D.C.	
REG. Corrie F. Campbell			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY; WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 19 1951

BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06215

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE	
<i>P.D.</i>		MARYLAND <i>Md</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		LENGTH OF STAY (In this place)	
<i>Rural - Upper Marlboro</i>		<i>3 mos.</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		CITY (If outside corporate limits, write RURAL, and give nearest town) TOWN	
		<i>Rural - Upper Marlboro</i>	
STREET ADDRESS		(If rural, give location)	
		<i>1 1/2 mi north - Farrel Rd</i>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
<i>Margaret</i>		(First) <i>Ocilia</i> (Middle) <i>Lewis</i> (Last)	
5. SEX		6. COLOR OR RACE	
<i>F</i>		<i>W</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH	
<i>MARRIED</i>		<i>15 Sept 1918</i>	
9. AGE last birthday		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
If under 1 year Months		10a. <i>Servt</i>	
If under 24 hrs. Days		10b. KIND OF BUSINESS OR INDUSTRY	
If under 24 hrs. Hours		<i>-</i>	
12. CITIZEN OF WHAT COUNTRY?		11. BIRTHPLACE (State or foreign country)	
<i>No S.A.</i>		<i>Md</i>	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
<i>Jewett</i>		<i>Purcell</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
<i>No</i>		<i>16. SOCIAL SECURITY NO.</i>	
17. INFORMANT		<i>Frank Lewis</i>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <i>Cardexia</i>			
Antecedent cause(s) (b) <i>Cardiac Failure</i>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <i>Bilat. Pnum. Tuberculosis</i>			
INTERVAL BETWEEN ONSET AND DEATH <i>3 mos</i>			
1 <i>mos.</i>			
6 <i>mos</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
OF INJURY m.		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>20 May</i> , 19 <i>57</i> , to <i>14 June</i> , 19 <i>57</i> , that I last saw the deceased alive on <i>June</i> , 19 <i>57</i> , and that death occurred at <i>12:02 P.M.</i> , from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED <i>K. B. Chancery</i> <i>Moore Upper Marlboro Md</i> <i>14 June 57</i>			
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF NAME OF CEMETERY OR CREMATORIUM LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. REG.		REGISTRATION'S SIGNATURE	
REG.		24. FUNERAL DIRECTOR ADDRESS	
<i>June 14, 1957</i>		<i>R. E. Smith</i> <i>W.H. Chambers Co. 517-1145 SE Wash. D.C.</i>	

RECEIVED

JUN 18 1952

BUREAU U. S.

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. It is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06216 745
Reg. Dist. No.

1. PLACE OF DEATH. COUNTY <u>Prince George Co.</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE <u>MARYLAND</u> COUNTY <u>Prince George</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Riverdale</u>		LENGTH OF STAY (in this place) <u>14 hrs.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Eugene Leland Memorial</u>		STREET ADDRESS <u>56 D Ridge Rd.</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>John</u>	(Middle) <u>DAVID</u>	(Last) <u>Link</u>
4. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Baby</u>	4. DATE OF DEATH <u>6 20</u> (Year) <u>1951</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	
11. BIRTHPLACE (State or foreign country) <u>RIVERDALE</u>		12. CITIZEN OF WHAT COUNTRY? <u>-</u>	
13. FATHER'S NAME <u>Edwin Roosevelt Link</u>		14. MOTHER'S MAIDEN NAME <u>KATHRYN MARY FISHER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT AND ADDRESS		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause

(a) Respiratory Failure

773.5 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause lastPneumonitis(c) -

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 6/19/51, 1951, to 6/20, 1951, that I last saw the deceasedalive on 6/20, 1951, and that death occurred at 1:30 P.M. from the causes and on the date stated above.SIGNATURE William M. Eisner ADDRESS 30 D Ridge Rd. Greenbelt, Md DATE SIGNED 6/20/51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Cremation</u>	DATE THEREOF <u>6/21/51</u>	NAME OF CEMETERY OR CREMATORIAL <u>Fort Lincoln Cemetery</u>	LOCATION (City, town, or county) <u>Almar Manor, Md</u> (State) <u>MD</u>
DATE REC'D BY LOCAL REG. <u>June 21 1951</u>	REGISTRAR'S SIGNATURE <u>James Severy</u>	24. FUNERAL DIRECTOR ADDRESS <u>Nalley's Funeral Home Inc.</u>	
		3200 - H. J. Ave., Mt. Rainier, Md	

VS. A15

206191415311

RECEIVED

JUN 22 1951

BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

06217
242

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. _____

1. PLACE OF DEATH. COUNTY		Prince Georges		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE		California		COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town)				LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)					
TOWN		Oakland		3 days		TOWN		Valley			
HOSPITAL OR INSTITUTION OR STREET ADDRESS		6645-Walkers Mill Rd				STREET ADDRESS		426-Ashlan Ave		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)		First) Elsie (Middle) Littleton (Last) Lorraine				4. DATE OF DEATH		6 28 1957		(Month) (Day) (Year)	
5. SEX		6. COLOR OR RACE Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH		9. AGE last birthday 49 yrs.		If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		House wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country)		Richmond, Va		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		John Murphy				14. MOTHER'S MAIDEN NAME		Ariel Vaughn			
15. WAS DECEASED EVEN IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		No		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS		Alicia Caval			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause

(a) Acute congestive heart failure

416X Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(b) Rheumatic heart disease

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY)		(STATE)	
INJURY									

TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY	m.			While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	

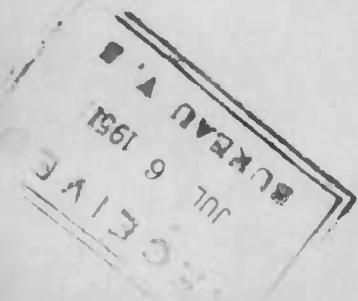
22. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes accident suicide homicide undetermined .

SIGNATURE

(Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF	NAME OF CEMETERY OR CREMATORIUM	LOCATION (City, town, or county)	(State)
REG.	6/30/51	30 June 1951	A.J. McDonald Funeral Home	Valley	Calif.
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS		
	Anne Marie	F. Garcia Sons	Hyatte, Md.		

Jo 99089



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY; WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06218

Reg. Dist. No. 245

1. PLACE OF DEATH COUNTY Prince Georges MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Montgomery	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Hyattsville		LENGTH OF STAY (In this place) 2 days	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6403 Ager Road		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Silver Springs STREET (If rural, give location) ADDRESS 2110 Hildarose Drive	
3. NAME OF DECEASED (Type or Print)	(First) Donald	(Middle) Louis	(Last) Lutz
4. DATE OF DEATH June 3 1951	(Month)	(Day)	(Year)
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) single	8. DATE OF BIRTH 2-23-1948
9. AGE last birthday 3 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XXXXXX	11. KIND OF BUSINESS OR INDUSTRY XXXXXX	12. BIRTHPLACE (State or foreign country) Washington, D.C.
13. FATHER'S NAME Richard L. Lutz	14. MOTHER'S MAIDEN NAME Evelyn Quinnan		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or date of service) XXXXXX	16. SOCIAL SECURITY NO. XXXXXXXXX	17. INFORMANT AND ADDRESS Father Richard Lutz, 2110 Hildarose Drive	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
: Immediate cause (a) Toxemia			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 107 (b) Broncho-pneumonia			
(c)			
II. OTHER SIGNIFICANT CONDITIONS "Spasticity due to kernicterus due to erythroblastosis foetalis."			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	While at m. work <input type="checkbox"/> at work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE <i>John J. Malone</i>	(Degree or title) Dep. Med. Examiner, Cheverly-Hyattsville, Md. 6-3-51	ADDRESS	DATE SIGNED
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 6/4/1951	NAME OF CEMETERY OR CREMATORIAL St. Lincoln	LOCATION (City, town, or county) Colmar Manor Md (State)
DATE REC'D BY LOCAL REG. June 4, 1951	REG. James Survey	24. FUNERAL DIRECTOR Z. Gasch Sons Hyattsville Md	ADDRESS

VS. A15A

RECEIVED
MAY 6 1951
SUNSHINE V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06219

Reg. Dist. No. 378

1. PLACE OF DEATH CITY (If outside corporate limits, write RURAL and give nearest town) TOWN		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE COUNTY CITY (If outside corporate limits, write RURAL and give nearest town) TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)		(First) MARIE JAI (Middle) MAC CARTEE (Last)	4. DATE OF DEATH June 27, 1951
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 6/1/1863
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Pennsylvania
13. FATHER'S NAME Jay Greenwood Wilson		14. MOTHER'S MAIDEN NAME Kate Salter	
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Robert MacCartee Hyattsville Md
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
<p>4343 Immediate cause (a) Cardiac deatation</p> <p>950 Antecedent cause(s) (b) General debility</p> <p>950 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) None</p>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
✓		✓	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Jan 1, 1951, to June 28, 1951, that I last saw the deceased alive on 6/28, 1951, and that death occurred at 7:30 A.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED Loyd M. Barnes Jr. 6/27-51			
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF NAME OF CEMETERY OR OREMATORIAL LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. REG. 28, 1951		REGISTRAR'S SIGNATURE FERNANDO J. GARCIA ADDRESS	
24. FUNERAL DIRECTOR		ADDRESS	
Fernando J. Garcia son Hyattsville Md			

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JUL 1 1951

BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06226
745

Reg. Dist. No.

1. PLACE OF DEATH COUNTY <i>Prince George</i>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i> COUNTY <i>Pr. George</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Hyattsville</i>		LENGTH OF STAY (in this place) <i>20 days</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Bethesda</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Belair Memorial Hosp.</i>				STREET ADDRESS <i>Canary trailer Park</i>	
3. NAME OF DECEASED (Type or Print) <i>Jeannine Macrell</i>		(First) <i>Jeannine</i>	(Middle) <i></i>	(Last) <i>Macrell</i>	4. DATE OF DEATH <i>June 20 1951</i>
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <i>Married</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Own home</i>		8. DATE OF BIRTH <i>Aug 23, 1890</i> 9. AGE last birthday 61 yrs.	
13. FATHER'S NAME <i>John Macrell</i>		11. BIRTHPLACE (State or foreign country) <i>Ireland</i>		12. CITIZEN OF WHAT COUNTRY? <i>No</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>123-45-6789</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth Nelson</i>	
17. INFORMANT AND ADDRESS <i>Mary Elizabeth Nichols - Canary trailer Park - Bethesda</i>					

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN
ONSET AND DEATH

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) *Hemorrhage & shock*812.5 Antecedent cause(s)
Disease or condition, if any, giving rise to the above cause
stating the underlying cause last(b) *Crushed chest & pelvis, fractures skull & legs.*

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

(c) *Automobile accident*

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No 21. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING CAUSE OF DEATH.PLACE (Home, farm, factory, street,
of office bldg., etc.)(CITY OR TOWN) *Bethesda* (COUNTY) *Prince George* (STATE) *Md*TIME (Month) (Day) (Year) (Hour)
OF INJURY *6-20-51 11:05 p.m.*INJURY OCCURRED
While at Not while
work at work HOW DID INJURY OCCUR?
*Struck by automobile while crossing street*22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

John J. Malone, M.D., D.P.M. *From Chevy-Hyattsville, Md 6-20-51*
23. BURIAL, CREMATION OR REMOVAL (Specify) DATE THEREOF *6/23/51* NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town or county) *Elmwood Cemetery, Md* (State)DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE
R.H.C. *June 22 1951 Mrs. Jas. Devereux*

24. FUNERAL DIRECTOR ADDRESS

*L. Basile son - Hyattsville, Md
(Deputy Social Reg.)*

RECEIVED
JUN 25 1951

BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY; WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06221

Reg. Dist. No. 245

1. PLACE OF DEATH: CITY OR TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE CITY OR TOWN STREET ADDRESS		COUNTY Maryland - Colmar Manor (If rural, give location)							
Princ George Colmar Manor 4213 Newton St..		LENGTH OF STAY (In this place) 4 years		3. NAME OF DECEASED (First) Giv Lee		(Last) Madison							
4. DATE OF DEATH June 8 1917		5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single		8. DATE OF BIRTH 1-15-1880		9. AGE last birthday 71 yrs.		(Month) If under 1 year Months Days Hours (Day) If under 24 hrs Days Hours Min	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13. FATHER'S NAME James R. Durrell		14. MOTHER'S MAIDEN NAME Margaret Ratliff		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none		17. INFORMANT AND ADDRESS Walter H. Madison - Same - Son					
II. MEDICAL CERTIFICATION													
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH													
<p>Immediate cause (a) <u>Acute congestive heart failure</u></p> <p>Antecedent cause(s) (b) <u>Hypertensive heart disease</u> Disease or conditions, if any, giving rise to the above cause stating the underlying cause last <u>93d</u></p> <p>(c) <u>Essential hypertension</u></p>													
III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.													
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)				(COUNTY)		(STATE)			
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		HOW DID INJURY OCCUR?									
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .													
SIGNATURE <i>John J. Maloney, M.D., D.P.M. and Exam.</i>		(Degree or title) Chevy Chase, Md 6-9-51		ADDRESS									
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE thereof 6/11/51		NAME OF CEMETERY OR Crematory St. Lincoln		LOCATION (City, town, or county) Colmar Manor Md		(State)					
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE June 11, 1951 James Devay		24. FUNERAL DIRECTOR ADDRESS Fasche son Hyattsville Md									

RECEIVED

JUN 13 1951

BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06222

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH COUNTY <u>Prince George</u>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Alico Keen</u>		COUNTY <u>Prince George</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Alico Keen</u>		LENGTH OF STAY (in this place) <u>life</u>		STREET ADDRESS		(If rural, give location)					
HOSPITAL OR INSTITUTION OR STREET ADDRESS											
3. NAME OF DECEASED (Type or Print) <u>Annie</u>		(First) <u>L.</u> (Middle) <u>.</u> (Last) <u>Mc honey</u>		4. DATE OF DEATH <u>June 24</u>		(Month) <u>June</u> (Day) <u>24</u> (Year) <u>1951</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u></u>		8. DATE OF BIRTH <u>1878</u>		9. AGE last birthday yrs. <u>73</u>		11. BIRTHPLACE (State or foreign country) If under 1 year Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hauswife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		12. CITIZEN OF WHAT COUNTRY? <u></u>							
13. FATHER'S NAME <u>Augustus Lancaster</u>		14. MOTHER'S MAIDEN NAME <u>Catherine Lancaster</u>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT <u></u>							

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Coronary Heart DiseaseINTERVAL BETWEEN
ONSET AND DEATH
6 mos

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
131a
stating the underlying cause last(b) Hypostatic Pneumonia(c) Hypertensive Cardioscler Renal Disease

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.
Uremia

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE		(Specify)		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY)		(STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY				INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?					

22. I hereby certify that I attended the deceased from 1 p.m., 1951, to June, 1951, that I last saw the deceasedalive on June 24, 1951, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED 6/28/51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>6/28/51</u>		NAME OF CEMETERY OR CREMATORIAL <u>St. Mary's Catholic</u>		LOCATION (City, town, or county) <u>Piscataway</u>		(State) <u>Piscataway, Md.</u>	
DATE REC'D BY LOCAL REG. <u>6-27-51</u>		REGISTRAR'S SIGNATURE <u>Theresa Altash Davis</u>		24. FUNERAL DIRECTOR <u>Barnist Matthews</u>		ADDRESS <u>6144 S. Silverdale</u>			



MARYLAND STATE DEPARTMENT OF HEALTH

06223

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2245

1. PLACE OF DEATH- COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE	
PRINCE GEORGE COUNTY MARYLAND		MARYLAND	
CITY (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN HYATTSVILLE	5 mos	TOWN HYATTSVILLE	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)		
6015 - 43rd Ave	6015 - 43rd Ave.		
3. NAME OF DECEASED (Type or Print)	(First) Richard	(Middle) Pembroke	(Last) McKay
4. DATE OF DEATH	(Month) June	(Day) 7	(Year) 1951
5. SEX	6. COLOR OR RACE	7. SINGLED, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
M	W	MARRIED	Sept 3, 1868
9. AGE last birthday yrs.	10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
83	Self-employed	St. Mary's County Maryland U.S.A.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
unknown	unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT	18. MEDICAL CERTIFICATION
		SON	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause	(a) <i>Cerebral Thrombosis</i>	INTERVAL BETWEEN ONSET AND DEATH
332X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) <i>Senility</i>	2 yrs.
83b	(c) <i>Generalized Arteriosclerosis</i>	5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-31, 1951, to 6-7, 1951, that I last saw the deceased

alive on 6/7, 1951, and that death occurred at 11:05 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title) ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIUM	LOCATION (City, town, or county) (State)
Burial	6/7/51	Trinity Episcopal Cemetery	Hyattsville Md
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	
June 8, 1951 James Severy		Z. Smith sons	Hyattsville Md

RECEIVED
BUREAU V. S.
JUN 11 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06224

CERTIFICATE OF DEATH

Reg. Dist. No... 231

1. PLACE OF DEATH: COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE	
<i>Prince George's</i> MARYLAND		<i>Maryland</i> <i>Prince George</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town)	LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR	COUNTY
TOWN	<i>30 years</i>	TOWN	<i>Waldcroft</i>
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS		
3. NAME OF DECEASED (Type or Print)		(First) <i>REESE</i> (Middle) <i></i> (Last) <i>MC LEOD</i>	4. DATE OF DEATH <i>June 26,</i> <i>1951</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>1/16/1878</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>stone contractor</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>own business</i>	11. BIRTHPLACE (State or foreign country) <i>Washington D.C., U.S.A.</i>
13. FATHER'S NAME <i>Robert Mc-Leod</i>		14. MOTHER'S MAIDEN NAME <i>Christina Monroe</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
		17. INFORMANT <i>Frances McLeod Waldcroft Md</i>	

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN
ONSET AND DEATH

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause *420.1*

(a)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(b)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19h. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work	HOW DID INJURY OCCUR? Not While At work

22. I hereby certify that I attended the deceased from *July 4, 1946*, to *June 26, 1951*, that I last saw the deceasedalive on *May 26, 1951*, and that death occurred at *9:15 P.M.* from the causes and on the date stated above.
SIGNATURE *C. Deets, M.D.* ADDRESS *Hospital Rd 6887* DATE SIGNED *6/28/51*

23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>6/30/51</i>	NAME OF CEMETERY OR CREMATORIAL <i>St. Lincoln</i>	LOCATION (City, town, or county) <i>Colmar Manor Md</i>
DATE REC'D BY LOCAL REG. <i>June 28/51</i>	REGISTRAR'S SIGNATURE <i>Amanda Downey</i>	24. FUNERAL DIRECTOR <i>Z. Gasche</i>	ADDRESS <i>Forest Hill Gallerie Md</i>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 1 1951

BUREAU V. S.

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06225

Reg. Dist. No. 745

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
Prince George MARYLAND		Prince George COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN Riverdale, Md.		TOWN Laurel	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
4408 24censbury Rd. Leland Memorial Hosp		938 Montgomery Rd.	
3. NAME OF DECEASED (First) (Middle) (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
Ella Lee Mulligan		6-23-51	19
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
f	Cauc	Widow	4-14-1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
nurse.		Home	
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country)	
Somerville Harding		Montgomery Co. Md	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY	
no		USA	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME	
17. INFORMANT AND ADDRESS		Susan Jane Tucker	
Hosp Chart			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) Congestive Heart Failure Antecedent cause(s) (b) arteriosclerotic Heart Disease Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) General arteriosclerosis 93d Pyelitis			
Interval Between Onset and Death 15 days 15 days undetermined 15 days			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 8, 1951, to June 23, 1951, that I last saw the deceased alive on June 22, 1951, and that death occurred at 3 1/2 a.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED			
23. BURIAL, CREMATION REMOVAL (Specify)		NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.		24. FUNERAL DIRECTOR ADDRESS	
June 25-51 James Sevey		DeWitt Donaldson Laurel Md	



BUREAU U.S.
JUN 29 1961

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06226

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		MARYLAND LENGTH OF STAY (In this place)	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) TOWN STREET ADDRESS	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Eugene Leland Memorial Hosp.	CITY (If rural, give location)	
3. NAME OF DECEASED (Type or Print)		First) Lorraine (Middle) Kay (Last) Nelson	4. DATE OF DEATH 6 - 12 - 51 19	
5. SEX F		6. COLOR OR RACE Caucas	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single	8. DATE OF BIRTH 12-12-48 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Riverdale, Md	
13. FATHER'S NAME Clifford Dean Nelson		14. MOTHER'S MAIDEN NAME Bessie Lee Hartt		12. CITIZEN OF WHAT COUNTRY USA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS Hosp. Chart	
18. MEDICAL CERTIFICATION				
<p>I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</p> <p>Immediate cause (a) Bronchial pneumonia. 10 days</p> <p>502.1 Antecedent cause(s) (b) Ch. Bronchitis and asthma (Bronch.) 2 years</p> <p>107 Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c) Malnutrition</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Colitis Disease</p>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?
<p>22. I hereby certify that I attended the deceased from June 1, 1951, to Jan 12, 1951, that I last saw the deceased alive on Jun 12, 1951, and that death occurred at 11:30 p.m., from the causes and on the date stated above.</p> <p>SIGNATURE ADDRESS DATE SIGNED</p> <p>L W Malin MD Riverdale, Md 6-13-51</p>				
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF June 16, 1951 (Union Cemetery)		LOCATION (City, town, or county) (State) Burtonsville, Md.
DATE REC'D BY LOCAL REG. 6/13/51		REGISTRAR'S SIGNATURE Mrs. Jas. Beverly Deputy J. Arthur Walters, 254 Carroll St NW		24. FUNERAL DIRECTOR ADDRESS Regularly Takoma Park, D.C.

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JUN 15 1951

BUREAU U. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06227

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
Prince Georges MARYLAND		Maryland COUNTY Pr. Geo.	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN Laurel LENGTH OF STAY (in this place)		TOWN Rural Laurel	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
Laurel Bowie Rd		Laurel Bowie Rd	
3. NAME OF DECEASED (First) (Type or Print)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Morgan	Hinkle	Newton	June 24 1957
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH May 29, 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Homes	Howard Co. Maryland	45.
13. FATHER'S NAME Samuel Newton	14. MOTHER'S MAIDEN NAME Elizabeth Baldwin		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Rodner D. Baldwin, Laurel Md	
18. MEDICAL CERTIFICATION			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Chr, Myocarditis

INTERVAL BETWEEN
ONSET AND DEATH

2 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

93d (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, of office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
No		INJURY			
TIME (Month)	(Day)	(Year)	INJURY OCCURRED While at Work	HOW DID INJURY OCCUR? Not While At work	
m.			<input type="checkbox"/>	<input type="checkbox"/>	

22. I hereby certify that I attended the deceased from June 24, 1957, to June 27, 1957, that I last saw the deceased

alive on June 24, 1957, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county)	(State)
Burial	June 27 1957	Cedar Hill Cemetery	Baltimore	Md
DATE REC'D BY LOCAL REG.	REG.	REG.	REG.	REG.
6-26-57	Mr. Agnew Jr.	Yingling Ridge	Selby 401 Wash and	5106 Laurel St
REG.	REG.	REG.	REG.	REG.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06228

CERTIFICATE OF DEATH

Reg. Dist. No. 243

The correct age
M

— MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. This especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH. COUNTY Prince Georges		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE D. C. COUNTY -	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Glenn Dale (rural)		LENGTH OF STAY 7 mos., and 7 days.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington	
3. NAME OF DECEASED (Type or Print) THOMAS W		STREET ADDRESS 1340 Peabody St., N. W.	
4. DATE OF DEATH O'BRIEN 6 24 1951		(If rural, give location)	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH 10/25/1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Examiner		10b. KIND OF BUSINESS OR INDUSTRY Dept. of Justice	9. AGE last birthday 55 yrs.
13. FATHER'S NAME Thomas O'Brien		11. BIRTHPLACE (State or foreign country) Washington, D. C.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. 1918 to 1919 None		14. MOTHER'S MAIDEN NAME Elizabeth Wittmann	
17. INFORMANT AND ADDRESS Decedent		18. MEDICAL CERTIFICATION Pulmonary Tuberculosis 1 month	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause 002X		Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 13 b	
(a)		(b)	
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from.....		alive on.....	
Signature		DATE 6/24/51	
23. BURIAL, CREMATION REMOVAL (Specify) <i>Sur</i>		DATE THEREOF 6/27/51	
DATE READ BY LOCAL REG. 6/25/51		REGISTRAR'S SIGNATURE <i>H. Weiss</i>	
24. FUNERAL DIRECTOR <i>Francis J. Collins</i>		ADDRESS 3821-14th St. N.W. 390916 Wash., D.C.	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06229

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH COUNTY <u>Prince George</u>		MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u>		COUNTY <u>P.G.</u>
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Quint</u>		LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Prince George</u>		(If rural, give location) <u>Box</u>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Box - 74</u>		STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)	(First) <u>MARY</u>	(Middle) <u>Alice</u>	(Last) <u>Peck</u>	4. DATE OF DEATH	(Month) <u>June</u> (Day) <u>25</u> (Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 18, 1879</u>	9. AGE last birthday yrn. <u>71</u>	If under 1 year Months. <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Day Work</u>	11. BIRTHPLACE (State or foreign country) <u>Charles Co Maryland</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. FATHER'S NAME <u>Charles Johnson</u>		14. MOTHER'S MAIDEN NAME <u>Orbison</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT AND ADDRESS <u>George Peck</u>	INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Unsensia

33 IX Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last

(b)

Cerebral Hemorrhage

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

(c)

Arteriosclerosis

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE TIME (Month) <u>of</u> INJURY	(Specify) <u>INJURY</u>	PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
DAY (Day) <u>m.</u>	YEAR (Year) <u>1951</u>	TIME (Hour) While at <input type="checkbox"/> Not While <input type="checkbox"/> Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 6-14, 1951, to 6-25, 1951, that I last saw the deceasedalive on 6-14, 1951, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Removed</u>	DATE <u>June 25-51</u>	NAME OF CEMETERY OR CREMATORIAL REG. <u>Karrie J. Campbell</u>	LOCATION (City, town, or county) (State) <u>Washington D.C.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS <u>Grover E Taylor 1225-4 St.</u>	ADDRESS <u>720826</u>

 PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 28 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06230

Reg. Dist. No. 232

1. PLACE OF DEATH COUNTY		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE		CITY (If outside corporate limits, write RURAL and give nearest town)		
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (If rural, give location)		STREET ADDRESS		TOWN		
TOWN		3 hours				TOWN		
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Prince George's Co., Md.				STREET ADDRESS		
3. NAME OF DECEASED (Type or Print)		(First) Edgar	(Middle) W.	(Last) Reed	4. DATE OF DEATH	(Month) June	(Day) 4	(Year) 1957
5. SEX		6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	If under 24 hrs Days	If under 1 hr Hours
Male		White	Married	5-1-1891	60 yrs.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY		
Farmer		Farming		Virginia		USA		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS
Charles James Reed		Lennie Watson		World War I		1		Frances Silliman Reed - wife Grandma, née

MARGIN RESERVED FOR BINDING

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause	(a) ...	Acute congestive heart failure	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ...	Essential hypertension	
	(c) ...	Hypertensive heart disease	

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?			

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes accident , suicide , homicide , undetermined .

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

27. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)	
Burial	6/7/51	Emmanuel Methodist	Horsehead
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 6th	R. Ernest Smith	Ritchie Bros.	Upper Marlboro, Md.

RECEIVED

JUN 3 1957

BUREAU U. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06231

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH COUNTY Prince George		2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Riverdale		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eugene Island Memorial		STREET (If rural, give location) ADDRESS 312 Compton Ave.	
3. NAME OF DECEASED (Type or Print)	(First) JAMES	(Middle) M.	(Last) PHELPS
4. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	4. DATE OF DEATH (Month) (Day) (Year) Jan. 21 1951 6 6 1951
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cher		10b. KIND OF BUSINESS OR INDUSTRY D & O R.R.	5. DATE OF BIRTH Jan. 21 1904 47 yrs. 9. AGE last birthday 47 yrs. If under 1 year Months Days Hours Min.
11. FATHER'S NAME Joseph A. Phelps		11. BIRTHPLACE (State or foreign country) Savage Md.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Mary Blyndi Fitch	
17. INFORMANT AND ADDRESS Father		18. MEDICAL CERTIFICATION Generalized peritonitis 1 week Perforated duodenal ulcer 1 week	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 541.1

(a) Generalized peritonitis

INTERVAL BETWEEN
ONSET AND DEATH 1 week

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last

(b) Perforated duodenal ulcer

1 week

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION June 3, 1951

19b. MAJOR FINDINGS OF OPERATION Generalized peritonitis - perforated duodenal ulcer

20. AUTOPSY? Yes No 21. ACCIDENT
(Specify)
SUICIDE
HOMICIDEPLACE (Home, farm, factory, street,
OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF INJURY m.INJURY OCCURRED
While at Work Not While At work

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1951, to June 6, 1951, that I last saw the deceased alive on June 5, 1951, and that death occurred at 2:45 p.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 6-9-51	NAME OF CEMETERY OR CREMATORIAL DAVY WELL	LOCATION (City, town, or county) Laurel Md.
VS. A15	DATE REC'D BY LOCAL REG. JUNE 8-57	REGISTRAR'S SIGNATURE James Davis	ADDRESS
24. FUNERAL DIRECTOR		ADDRESS	
DeWitt Donaldson, Daniel Md.		311506	

RECEIVED

JUN 13 1951

BUNDY & S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06232

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH COUNTY Prince Georges		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C.	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Glenn Dale (Rural)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium		STREET ADDRESS 83 - H. St., N.W.	
3. NAME OF DECEASED (Type or Print) JAMES		(Last) PHILLIPS	
4. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married	4. DATE OF DEATH June 20 th 1951
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter foreman		8. DATE OF BIRTH 8/9/90	
10b. KIND OF BUSINESS OR INDUSTRY Construction Co.		9. AGE last birthday 60 yrs.	
11. BIRTHPLACE (State or foreign country) Dawson, W. Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Henry Phillips		14. MOTHER'S MAIDEN NAME Ella Bryant	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 578-03-8449	
17. INFORMANT AND ADDRESS Decedent		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) _____		Pulmonary Tuberculosis 2 yrs 9 mos.	
Antecedent cause(s) (b) _____ Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			
(c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 27 th , 1950, to June 20 th , 1951, that I last saw the deceased alive on June 20 th , 1951, and that death occurred at 4:10 P.m., from the causes and on the date stated above.			
SIGNATURE		(Degree or title) ADDRESS	
Glenn Dale Sanatorium Glenn Dale, Md.		DATE SIGNED 6/20/51	
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) 5/20/51, Bethesda Crematory, Bethesda, Md.	
DATE REC'D BY LOCAL REG. 6/21/51		REG. 24. FUNERAL DIRECTOR ADDRESS	
REG. 6/21/51		REG. 510246	
REG. 6/21/51		REG. 510246	

VS A 15

RECEIVED

JUL 1 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06233

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH. COUNTY		Prince Georges MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE		Maryland COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		Prince Georg	
TOWN Rogers Heights		3 yrs.		TOWN Rogers Heights (Hyattsville PO)			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5024--56th Avenue		STREET ADDRESS 5024--56th Avenue		ADDRESS			
3. NAME OF DECEASED (Type or Print)		(First) NICHOLAS	(Middle) JAMES	(Last) PLASS	4. DATE OF DEATH June 10th		(Year) 1951
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH Jan. 18/1882	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Wash. Gas Light		9. AGE last birthday 69		11. BIRTHPLACE (State or foreign country) Washington, D.C.	
Stationary Engineer				yrs.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Nicholas James Plass		14. MOTHER'S MAIDEN NAME Unknown		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 677-07-9263A	
						17. INFORMANT AND ADDRESS Jean M. Plass, 5024-56 Ave. Rogers Hgt	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Coronary thrombosis

MD
INTERVAL BETWEEN
ONSET AND DEATH
1/2 h

Immediate cause

(a)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

(STATE)

21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY)	
INJURY		TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

INJURY		m.					
--------	--	----	--	--	--	--	--

22. I hereby certify that I attended the deceased from May 22, 1951, to June, 1951, that I last saw the deceased alive on May 26, 1951, and that death occurred at 1:00 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)		DATE		NAME OF CEMETERY OR CREMATORIAL		LOCATION (City, town, or county)	
Burial		June 13/1951		Washington Nat'l		(State)	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	

June 11, 1951 (Date) - (Signature) W.W. Chambers Company, Riverdale, Md.

RECEIVED

JUN 13 1951

BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06234

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH COUNTY		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE		COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		TOWN	
TOWN		10 days - 6 hrs.		Rural - Landover		STREET ADDRESS	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Prince George's Funeral					
3. NAME OF DECEASED (Type or Print)		(First) Luther	(Middle)	(Last) Ramsey	4. DATE OF DEATH	(Month) 6 - 18	(Day) 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	If under 24 hrs. Days	If under 24 hrs. Hours
Male	white	MARRIED	4-4-1900	51	yr.	11	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Landscape		INDUSTRY		Va.			
13. FATHER'S NAME		?		14. MOTHER'S MAIDEN NAME		Maggie W. ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS		John Ramsey. son	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause		5 yrs	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		1 yr	
(a) 581.0		Cirrhosis of Liver	
(b) 124.6		Anemias Anemia	
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		10 yrs	
19a. DATE OF OPERATION		19h. MAJOR FINDINGS OF OPERATION	
None		Arteriosclerosis	
21. ACCIDENT SUICIDE HOMICIDE		(Specify) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		PLACE (Home, farm, factory, street, of office bldg., etc.)	
m.		(CITY OR TOWN) (COUNTY) (STATE)	
INJURY		HOW DID INJURY OCCUR?	
While at Work		Not While At work	

22. I hereby certify that I attended the deceased from June 9, 1951, to June 17, 1951, that I last saw the deceased alive on June 17, 1951, and that death occurred at 1:30 p.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county)	(State)
Burial		6/21/51	Mt. Olivet Cemetery	Washington, D.C.	
DATE REC'D BY LOCAL REG.		REG. 6/18/51	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
			Amanda Downey	John Chambers	8517 - 114586 - work. D.C.

BUREAU V. S.

JUN 20 1951

REGULATIVE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06235

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH COUNTY <i>Prince Georges</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland - Prince George</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	COUNTY
TOWN <i>Berwyn</i>	3 days	TOWN <i>Berwyn</i>	<i>Route #1 - Box 43</i>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Prince George Gen. Hosp.</i>	STREET ADDRESS		
3. NAME OF DECEASED (First) (Type or Print) <i>Ramseur</i>	(Middle) <i>Foyle</i>	(Last) <i>Edwin</i>	4. DATE OF DEATH <i>June 8 1951</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH <i>JAN. 31-1895</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working-life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>No Bus.</i>	9. AGE last birthday <i>56 - yrs.</i>
13. FATHER'S NAME <i>WILLIAM S. RAMSEUR</i>		11. BIRTHPLACE (State or foreign country) <i>North Carolina</i>	
15. WAS DECEASED EVER IN U.S. ARMEED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT AND ADDRESS <i>Waskie-Ramseur College Park Md</i>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
<p>Immediate cause <i>Ac Acclimatory Congestive</i></p> <p>Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>Chronic Bronchitis - Hyperthyroidism</i></p> <p>(a) <i>2 yr +</i></p> <p>(b) <i>5 yr +</i></p> <p>(c) <i>5 yr +</i></p>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) OF INJURY	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
While at m.	Not While Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Dec 50</i> , 1951, to <i>June 1951</i> , that I last saw the deceased alive on <i>Jun 7 1951</i> , and that death occurred at <i>3:00 p.m.</i> , from the causes and on the date stated above.			
SIGNATURE <i>Ed. Etienne</i>	(Degree or title) <i>M.D.</i>	ADDRESS <i>College Park Md</i>	DATE SIGNED <i>6/8/51</i>
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>6/9/51</i>	NAME OF CEMETERY OR CREMATORIUM <i>St Lincoln</i>	LOCATION (City, town, or county) <i>Colmar Manor Md</i>
DATE REC'D BY LOCAL REG <i>6/8/51</i>	REGISTRAR'S SIGNATURE <i>Amanda Downey</i>	24. FUNERAL DIRECTOR <i>J. Gedde from Hyattsville Md</i>	ADDRESS <i>VV1916</i>

RECEIVED

JUN 11 1951

BUREAU X-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06236

Reg. Dist. No. 232

1. PLACE OF DEATH CITY Prince George's MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED. STATE District of Columbia COUNTY X		
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Near Clinton LENGTH OF STAY Transient			CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Washington STREET ADDRESS (If rural, give location) 1900 F Street N. W.		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route # 5			4. DATE OF DEATH (Month) 6 (Day) 23 (Year) 51 19		
3. NAME OF DECEASED (Type or Print)	(First) Paul	(Middle) Gibbons	(Last) Rawlings	5. SEX Male	6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 1/6/25	9. AGE last birthday 26 yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic	10b. KIND OF BUSINESS OR INDUSTRY Radar	11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.	13. FATHER'S NAME Edgar Rawlings	14. MOTHER'S MAIDEN NAME Elizabeth Richards			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) Yes	16. SOCIAL SECURITY NO. WW 2	17. INFORMANT AND ADDRESS Brandywine, Md Mrs Elizabeth Rawlings			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause

(a)

Hemorrhage and shock

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(b)

Crushed chest

170 C (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
Yes No

21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> OF CAUSE OF DEATH. INJURY Route # 5	PLACE (Name, farm, factory, street, of office bldg. etc.)	(CITY OR TOWN) Clinton	(COUNTY) P. G. Md.	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY 6/23/51 1:30A	INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? a truck Driver of a car that side swiped/		

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident suicide , homicide , undetermined .

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

M. D.

Forestville, Md.

6/23/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF 6/25/51	NAME OF CEMETERY OR CREMATORIAL Cedarville Pentecostal	LOCATION (City, town, or county) Cedarville Maryland	(State)
DATE REC'D BY LOCAL REG.	REGISTER'S SIGNATURE John Smith	24. FUNERAL DIRECTOR Kitchie Bros. Typer Marbles	ADDRESS	
June 27/51		554367	Maryland.	

REF ID: A651951

BUREAU X-5
JUN 26 1951

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06237

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH COUNTY <u>Prince Georges</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Calvert</u>						
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Brentwood</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Mutual, Md.</u>						
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>4706 R St Ave</u>		STREET ADDRESS						
3. NAME OF DECEASED (Type or Print) <u>Sarah</u>		(First) <u>Annie</u>	(Middle) <u>Rice</u>					
4. DATE OF DEATH <u>June 29</u>		(Month) <u>June</u>	(Day) <u>29</u>	(Year) <u>1957</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>3/8/1889</u>	9. AGE last birthday yrs. <u>62</u>	If under 1 year Months <u>0</u>	If under 24 hrs. Days <u>0</u>	If under 24 hrs. Hours <u>0</u>	If under 24 hrs. Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Calvert Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13. FATHER'S NAME <u>John H. Graham</u>		14. MOTHER'S MAIDEN NAME <u>Mary F. Curtis</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Arthur E. Rice 5313 Astor Pl. S.E. D.C.</u>		18. MEDICAL CERTIFICATION						
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH						
012.0 16 Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(a) <u>Malnutrition, Emaciation, Dehydration</u> (b) <u>Tuberculosis of Spine & cold Abscesses</u> (c)						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						
20. AUTOPSY?		Yes <input type="checkbox"/> No <input type="checkbox"/>						
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY)		(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED Whilo at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>June 18, 1951</u> , to <u>June 27, 1951</u> , that I last saw the deceased alive on <u>June 27, 1951</u> , and that death occurred at <u>2:45 A.M.</u> from the causes and on the date stated above.		SIGNATURE <u>George E. Blackman, M.D.</u>		ADDRESS <u>631 M St NW</u>		DATE SIGNED <u>6/29/51</u>		
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>July 1-51</u>		NAME OF CEMETERY OR CREMATORIAL <u>Brook's Chapel</u>		LOCATION (City, town, or county) (State) <u>Mutual, Md.</u>		
DATE REC'D BY LOCAL REG. <u>June 29, 1951</u>		REG. <u>Jenius Devay</u>		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS <u>P. E. Swell Prince Frederick, Md.</u>		

RECEIVED

JUL 1 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06238

CERTIFICATE OF DEATH

Reg. Dist. No.

281

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
Prince George MARYLAND		Maryland COUNTY P.G.	
CITY (If outside corporate limits, write RURAL and OR give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN		TOWN Capital Heights	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS 332 - 48 th Ave.		
3. NAME OF DECEASED (Type or Print)	(First) Harry	(Middle)	(Last) Richman
4. DATE OF DEATH	(Month) June	(Day) 24	(Year) 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH
Male	White		July 24, 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday	If under 1 year Months Days Hours Min.
Watchman		63 yrs.	
13. FATHER'S NAME	11. BIRTHPLACE (State or foreign country)		
	Washington, D.C.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	12. CITIZEN OF WHAT COUNTRY?
		Mrs. Louise Richman - same as above	U.S.A.
18. MEDICAL CERTIFICATION			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause

(a) cerebral thrombosis

6 weeks

Antecedent cause(s)

Diseases or conditions, if any, (b)
giving rise to the above cause
stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
INJURY		INJURY OCCURRED OF While at Not While INJURY m. Work <input type="checkbox"/> At work <input type="checkbox"/>			
HOW DID INJURY OCCUR?					

22. I hereby certify that I attended the deceased from May 15, 1951, to June 24, 1951, that I last saw the deceased alive on June 24, 1951, and that death occurred at 6:30 p.m., from the causes and on the date stated above.
 SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county)	(State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
6-24-51 Amanda Towne J. Glazier 642 14th St. N.E.				

REFEVIEW

JUN 26 1951

PURPLED V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06239

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH. COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE	
Prince George CITY (If outside corporate limits, write RURAL and give nearest town)		Maryland CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN Laurel		STREET ADDRESS Rural - Laurel Md.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Warren Hospital		(If rural, give location) Rt # 1 Box 197	
3. NAME OF DECEASED (Type or Print)	(First) Faye	(Middle) Joyce	(Last) Miller
4. DATE OF DEATH June 4 1951	(Month)	(Day)	(Year)
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH June 3 1951
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday yrs.	If under 1 year Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) Md	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Lacy Eugene Miller	14. MOTHER'S MAIDEN NAME Virginia Louise Miller Doane		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.		
17. INFORMANT AND ADDRESS Mother			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
Immediate cause 160.5	(a) Cerebral hemorrhage	Probably 10-15 d.
Antecedent cause(s) 160c	(b) Prematurity	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 160c	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-3, 1951, to 6-4, 1951, that I last saw the deceased alive on 6-4, 1951, and that death occurred at 5:55 p.m., from the causes and on the date stated above.	
SIGNATURE Wm. R. Beashears, M.D.	ADDRESS Laurel Md.
DATE SIGNED	

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE June 6-51	NAME OF CEMETERY OR CREMATORIAL Mount Hebron	LOCATION (City, town, or county) Winchester Va.
DATE REC'D BY LOCAL REG. 5-1951	REGISTRAR'S SIGNATURE W. Beashears	24. FUNERAL DIRECTOR Malvina Donaldson	ADDRESS Laurel Md.
Phone 206031192292			

RECEIVED
BUREAU U. S.

JUN 7 1951

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06240

Reg. Dist. No. 242

1. PLACE OF DEATH COUNTY Prince Georges MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Prince George's	
CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN Brookbury Park LENGTH OF STAY (in this place) 5 months		TOWN Brookbury Park	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4701 - Shadydale Ave		STREET ADDRESS 4701 Shadydale Ave (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) Margaret Elizabeth (Middle)	(Last) Ross	4. DATE OF DEATH Oct 10/1888 (Month) 6 (Day) 2 (Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, Separated	8. DATE OF BIRTH Oct 10/1888 (Month) 6 (Day) 2 (Year) 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE last birthday 62 yrs.
13. FATHER'S NAME James Clark		11. BIRTHPLACE (State or foreign country) Pennsylvania	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	12. CITIZEN OF WHAT COUNTRY? U.S.A.
17. INFORMANT AND ADDRESS Joseph Ross		14. MOTHER'S MAIDEN NAME Unknown	
18. MEDICAL CERTIFICATION			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause

(a) Acute congestive heart failure

416X

Antecedent cause(s)

(b) Rheumatic heart disease

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

95b (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, of office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year)	OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

6-2-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE TIME FOE	NAME OF CEMETERY OR CREMATORIUM	LOCATION (City, town, or county)	(State)
Burial	8/3/51	Cedar Grove Cemetery	Petersburg, Pa	

DATE REC'D BY LOCAL REG.

REG. June 3-51

REGISTRAR'S SIGNATURE Carrie F. Campbell

24. FUNERAL DIRECTOR

ADDRESS W.W. Chambers 517 1/2 State

BUREAU V. S.

JUN 6 1951

REGISTRATION

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06241

Reg. Dist. No. 243

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Prince Georges		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE D.C.	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Glenn Dale (Rural)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium		STREET ADDRESS 625- K. St., N.W.	
3. NAME OF DECEASED (First) John (Middle) W. (Type or Print)		4. DATE (Last) Scales OF DEATH 6 15 1951	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married (see)	8. DATE OF BIRTH 7/31/20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter-messenger		10b. KIND OF BUSINESS OR INDUSTRY Attorneys	9. AGE last birthday 30 yrs.
13. FATHER'S NAME David Scales		11. BIRTHPLACE (State or foreign country) North Carolina	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. 244-18-4188		14. MOTHER'S MAIDEN NAME Florence Wharton	
17. INFORMANT AND ADDRESS Decedent			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) Pulmonary Tuberculosis Antecedent cause(s) (b) _____ Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) _____ 2 yrs 5 months			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work m. Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/19/1949, to 6/15/1951, that I last saw the deceased alive on 6/15/51, and that death occurred at 5:10 P.m., from the causes and on the date stated above. SIGNATURE: Daniel Leo Lincoln M.D. (Degree or title) ADDRESS: Glenn Dale Sanatorium DATE SIGNED: 6/15/51			
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF 6/16/51	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county) Washington D.C. (State)
DATE REC'D BY LOCAL REG. 6/16/51	REGISTRAR'S SIGNATURE Rose West	24. FUNERAL DIRECTOR ADDRESS: Fraiser's Funeral Home 389 R.I. Ave. N.W.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15
7-1

RECEIVED

JUN 22 1951

BUREAU U. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Incomplete or illegible entries will be disregarded.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06242

275

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Prince Georges'

City or town Hyattsville, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 days

Hospital, institution, or street address where death occurred: Hyattsville
Home for the Aged & Convalescents

How long in hospital or institution? 5 days

3. (a) FULL NAME

Mary Catherine Seger

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female white widowed

6.(b) Name of husband or wife Samuel Ballifton Seger

7. Birth date of deceased (mo., day, yr.)

6.(c) If alive, give age years

Oct 26, 1878

8. AGE:

Years 79

Months

Days

If less than one day

hrs. min.

9. Birthplace Maryland

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

MOTHER FATHER

12. Name Marcelline Richards

13. Birthplace Maryland

14. Maiden name Gibbons

15. Birthplace Maryland

16. Informant Guy S. Seger - son

Address Brandywine, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 6. 22 '51

(month) (day) (year)

Cemetery or crematory Emmanuel Methodist Church cemetery

Location Horsehead, Maryland

18. Funeral director Ritchie Brothers

Address Upper Marlboro, Maryland

19. Date rec'd by registrar June 21, 1951 James Seger

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Brandywine, Maryland

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1951 at 2 30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6-16-51 to 6-20-51 and that I last saw her alive on 6-19-51

Immediate cause of death

Central hemorrhage

DURATION

36 hrs.

Due to Hypertensive cardiac vascular road disease 15 year

Due to 442X

Other conditions

131a

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John P. Clum M.D.

M. D. or other

Address Hyattsville, Md. Date signed 6-20-51

RECEIVED
JUN 25 1997

BUREAU A.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

06243
232

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN		STREET ADDRESS	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		(If rural give location)	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)
Female	Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	None	June 1880	U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Caleb Toye	Hannah White		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT	
No	—	Virginia Freeland	

18. MEDICAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Cerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

4 days

Antecedent cause(s)

593X

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

132

(b)

Hypertension

10 yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Nephritis

10 yrs

Arteriosclerosis

15 yrs

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

none

none

20. AUTOPSY?

Yes No 21. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, of office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

INJURY

TIME (Month) (Day) (Year)
OF INJURY(Hour)
noneINJURY OCCURRED
While at Work At work

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2, 1951, to June 11, 1951, that I last saw the deceased

alive on June 10, 1951, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION
REMOVAL (Specify)

DATE

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county)

(State)

Burial

May 13, 1951

Harrold Cemetery

Bayside

Md.

REG. June 11, 1951

REG.

R. Long Smith

FUNERAL DIRECTOR

ADDRESS

VS. A15

REG.

R. Long Smith

FUNERAL DIRECTOR

ADDRESS

RECEIVED

JUN 13 1951

BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06244

CERTIFICATE OF DEATH

Reg. Dist. No.

239

1. PLACE OF DEATH COUNTY		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE		MARYLAND		COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If rural, give location)		PRINCE GEORG	
TOWN		Laurel		TOWN		Laurel			
HOSPITAL OR INSTITUTION OR STREET ADDRESS		106 Lafayette Avenue		STREET ADDRESS		106 Lafayette Avenue			
3. NAME OF DECEASED (Type or Print)		(First) BRENDA (Middle) KAY (Last) SMITH		4. DATE OF DEATH		(Month) JUNE (Year) 1951		(Day)	
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)		8. DATE OF BIRTH		9. AGE last birthday	
Female		white		single		March 17 1951		If under 1 year yrs.	If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?			
none		none		Baltimore City Maryland		USA			
13. FATHER'S NAME		George Smith		14. MOTHER'S MAIDEN NAME		Laura Easton			
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS		George Smith Laurel Maryland			
18. MEDICAL CERTIFICATION									
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH									
<p>Immediate cause (a) Internal hydrocephalus</p> <p>Antecedent cause(s) (b) Gemellarity (Triplets)</p> <p>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</p> <p>152X</p> <p>157a</p> <p>(c) Prematurity</p>									
INTERVAL BETWEEN ONSET AND DEATH Since birth									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?					
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY)		(STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?					
m.									
22. I hereby certify that I attended the deceased from April 1951, to June 29, 1951, that I last saw the deceased alive on June 28, 1951, and that death occurred at 8:15 a.m., from the causes and on the date stated above.									
SIGNATURE		(Degree or title)		ADDRESS		DATE SIGNED			
Wm. R. Bruege		M.D. 305 P. George St. Laurel, Md						6-29-51	
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORIAL		LOCATION (City, town, or county)		(State)	
Burial		June 30, 1951		Long Hill Cemetery		Laurel, Maryland			
DATE REC'D BY LOCAL REG.		REGISTRATION'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS			
June 29-51		M. Gracchus De Whitt Danaldson		Laurel, Md					

MARBIN RESERVED FOR BINDING

EWRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

YIG A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Reg. Dist. No. 745

CERTIFICATE OF DEATH

1. PLACE OF DEATH CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		2. USUAL RESIDENCE (HOME) OF DECEASED- CITY (If outside corporate limits, write RURAL and give nearest town) TOWN	
COUNTY <i>Prince Geo.</i>		STATE <i>D.C.</i>	
MARYLAND		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>WASH.</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>1008 Hopewell Ave.</i>		STREET ADDRESS <i>1652 Howard St. N.W.</i>	
3. NAME OF DECEASED (First) <i>Effie</i> (Middle) <i>Alice</i> (Last) <i>Siegelman</i> (Type or Print)		4. DATE OF DEATH <i>6 - 7 - 1951</i>	
5. SEX <i>F</i>		6. COLOR OR RACE <i>White</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widow</i>		8. DATE OF BIRTH <i>8/27/1865</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>own home</i>	
11. FATHER'S NAME <i>Elias Long</i>		12. CITIZEN OF WHAT COUNTRY? <i>1652 Howard St. N.W. WASH. D.C.</i>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>NO</i>		14. MOTHER'S MAIDEN NAME <i>Emily Carrick</i>	
15. SOCIAL SECURITY NO. <i>836-33-34X</i>		16. INFORMANT AND ADDRESS <i>Barney Siegelman, N.W. WASH. D.C.</i>	
17. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause <i>Central Thrombosis</i> (a) Antecedent cause(s) <i>Central Arterio sclerosis</i> (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>334X</i> (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. III. DATE OF OPERATION <i>none</i> IV. MAJOR FINDINGS OF OPERATION none			
20. AUTOPSY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
21. ACCIDENT SUICIDE HOMICIDE <i>None</i>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <i>Injury</i>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <i>June 6 1951 m.</i>		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/> Not While <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>May 26, 1951</i> , to <i>June 7, 1951</i> , that I last saw the deceased alive on <i>June 6, 1951</i> , and that death occurred at <i>3:45 A.M.</i> from the causes and on the date stated above. SIGNATURE <i>Effie P. Campbell M.D.</i> (Degree or title) <i>Kinesaw City</i> ADDRESS <i>June 7, 1951</i> DATE SIGNED			
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial - Cremation</i>		DATE THEREOF <i>6-8-51</i>	
NAME OF CEMETERY OR CREMATORIAL <i>Fairmont Cem.</i>		LOCATION (City, town, or county) <i>Jackson, Ohio</i> (State)	
DATE REC'D BY LOCAL REG. <i>6-9-51</i>		REGISTRAR'S SIGNATURE <i>James Severy</i>	
24. FUNERAL DIRECTOR <i>H. H. Jones Co. 2901-14th St. N.W.</i>		ADDRESS <i>WASH. D.C. —</i>	

RECEIVED

JUN 11 1951

BUREAU K-5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06245

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH COUNTY <i>Prince George</i>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>North Carolina</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town)			
CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town)			
TOWN <i>Laurel</i>		1 day		TOWN <i>Southern Pines</i>		STREET (If rural, give location) <i>Southern Pines</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Warren Hospital</i>				ADDRESS					
3. NAME OF DECEASED (Type or Print)		(First) <i>EARL</i>	(Middle) <i>Jane</i>	(Last) <i>SPURGIN</i>	4. DATE OF DEATH <i>June 18</i>		(Month) <i>June</i>	(Day) <i>18</i>	(Year) <i>1951</i>
5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Dec 13 1892</i>	9. AGE last birthday <i>58</i>	If under 1 year Months <i>58 yrs.</i>	If under 24 hrs. Days <i>0 days</i>	If under 24 hrs. Hours <i>0 hours</i>	Min. <i>0 min.</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Groom</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Harness racing</i>	11. BIRTHPLACE (State or foreign country) <i>Michigan</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			
13. FATHER'S NAME <i>Charles Spurgin</i>			14. MOTHER'S MADDEN NAME <i>Lula Fance</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>922.2</i>				
16. SOCIAL SECURITY NO.			17. INFORMANT AND ADDRESS <i>Mrs Ada Spurgin, Southern Pines</i>		18. MEDICAL CERTIFICATION <i>R. Carol</i>				
19. I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) <i>acute heart failure</i> Antecedent cause(s) (b) <i>chronic myocarditis</i> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <i>93d</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>INTERVAL BETWEEN ONSET AND DEATH 3d. 1 y.</i>					
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) <i>INJURY</i>		(CITY OR TOWN)		(COUNTY)		(STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <i>6-17</i> , 19 <i>51</i> , to <i>6-18</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>6-18</i> , 19 <i>51</i> , and that death occurred at <i>1 a.m.</i> , from the causes and on the date stated above. SIGNATURE <i>Wm. R. Brunge</i> ADDRESS <i>m. d. 305 P. george St. Laurel Md</i> DATE SIGNED <i>6-18-51</i>									
23. BURIAL, CREMATION REMOVAL (Specify) <i>Cremation</i>		DATE THEREOF <i>6/20/51</i>		NAME OF CEMETERY OR CREMATORIUM <i>Mt. Hope Cemetery</i>		LOCATION (City, town, or county) <i>Southern Pines, N.C.</i>		(State)	
DATE REC'D BY LOCAL REG. <i>June 18-1951</i>		REGISTRAR'S SIGNATURE <i>M. Brashares</i>		24. FUNERAL DIRECTOR <i>W. W. Donaldson</i>		ADDRESS <i>Laurel, Md</i>			

RECEIVED
IN 25 MAR
LIBRARY X 5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06246

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH COUNTY Prince George's		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY P. G.	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Ritchie		LENGTH OF STAY 5 years		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Ritchie			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6867 Ritchie Road				STREET ADDRESS 6867 Ritchie Road		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) John	(Middle) William	(Last) Stallings	4. DATE OF DEATH 3/28/84	(Month) 6	(Day) 20	(Year) 51
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 3/28/84	9. AGE last birthday 67 yrs.	If under Months	1 year Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) aborer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? S. A.		
13. FATHER'S NAME William Stallings		14. MOTHER'S MAIDEN NAME Sarah Tucker					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Nellie Stallings			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause (a) Exhaustion

Antecedent cause(s)

Lymphatic leukemia

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)	
TIME (Month) OF INJURY	(Day) m.	(Year) h.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 1950, to 6/20/51, 19....., that I last saw the deceased

alive on 6/20/51, 19....., and that death occurred at 2:30P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 6/29/51	NAME OF CEMETERY OR CREMATORIAL Cedar Hill	LOCATION (City, town, or county) Baltimore, Md.	(State)
DATE REC'D BY LOCAL REG. June 21-1951	REGISTRAR'S SIGNATURE Edna F. Collins	24. FUNERAL DIRECTOR Ritchie Bros. Upper	ADDRESS 820 105 Marlboro, Md.	

RECEIVED
JUN 28 1952

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06247

Reg. Dist. No. 231

Please write plainly with unfading ink. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY <i>Puice Georges</i>		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE <i>Maryland</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Croome</i>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Croome</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>On T. John's Wood's farm</i>		STREET ADDRESS <i>T. John's Wood's farm</i>	
3. NAME OF DECEASED (Type or Print)	(First) <i>Ernest</i>	(Middle) <i>Roosevelt</i>	(Last) <i>Stewart</i>
4. DATE OF DEATH	(Month) <i>6</i>	(Day) <i>6</i>	(Year) <i>1957</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH <i>5</i>
9. AGE last birthday yrs. <i>5</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>no job</i>	11. BIRTHPLACE (State or foreign country) <i>Croome, Maryland</i>	12. CITIZEN OF WHAT COUNTRY? <i>United States</i>
13. FATHER'S NAME <i>Percy Stewart</i>	14. MOTHER'S MAIDEN NAME <i>Mary Stewart</i>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>111-11-1111</i>
17. INFORMANT AND ADDRESS <i>Percy Stewart</i>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>5272 Immediate cause</i>		INTERVAL BETWEEN ONSET AND DEATH <i>(a) Acute pulmonary edema</i>	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause <i>stating the underlying cause last</i>		(b) _____	
		(c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, Isrm, factory, street, of office bldg., etc.) <i>INJURY</i>		(CITY OR TOWN) <i>Croome</i>
(CITY OR TOWN) <i>Croome</i>	(CITY OR TOWN) <i>Croome</i>		(COUNTY) <i>Maryland</i>
(STATE) <i>Md.</i>			(STATE) <i>Md.</i>
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/>	Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?
m.			
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE <i>James S. Bond M.D.</i>	(Degree or title) <i>Forestsides</i>	ADDRESS <i>Forestville Md.</i>	DATE SIGNED <i>6-7-57</i>
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>June 1957</i>	NAME OF CEMETERY OR CREMATORIAL <i>Forestville Cemetery</i>	LOCATION (City, town, or county) <i>Croome Md.</i>
DATE REC'D BY LOCAL REG. <i>6-9-57</i>	REGISTRAR'S SIGNATURE <i>Amanda Howard</i>	24. FUNERAL DIRECTOR <i>J. B. Johnson Annapolis, Md.</i>	ADDRESS
Sign Here			

RECEIVED

BUREAU V. S.

JUN 14 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

66248
Reg. Dist. No. 245

1. PLACE OF DEATH COUNTY PRINCE GEORGE		2. USUAL RESIDENCE (HOME) OF DECEASED STATE D. C.	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN HYATTSVILLE		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON	
LENGTH OF STAY (in this place) 9 WEEKS		STREET ADDRESS 208 - 4 TH ST. S. E.	
(If rural give location)			
HOSPITAL OR INSTITUTION OR STREET ADDRESS HYATTSVILLE CONVALESCENT HOS			
3. NAME OF DECEASED (Type or Print)	(First) FRANCES	(Middle) J.	(Last) SWIGGARD
4. DATE OF DEATH	(Month) June	(Day) 21	(Year) 1951
5. SEX FEMALE	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH AUG. 1, 1873
9. AGE last birthday 77 yrs.	10. KIND OF BUSINESS OR INDUSTRY HOUSE WIFE	11. BIRTHPLACE (State or foreign country) ALABAMA	12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME FREDERICK C.	14. MOTHER'S MAIDEN NAME ELISE FRANCES	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. -
17. INFORMANT MRS. Geo. A. Howe	18. SISTER		

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Diabetes Mellitus

INTERVAL BETWEEN
ONSET AND DEATH

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death

(b) Hypertensive & Coronary arteriosclerotic
Heart Disease with myocardial failure. about 5 years.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

Yes No

81 ACCIDENT

21. ACCIDENT (Specify) **PLACE** (Home, farm, factory, street,
SUICIDE OF office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

NO **(STATED)**

21. ACCIDENT (Specify)
SUICIDE
HOMICIDE

PLACE (Home, farm, factory, street,
OF office bldg., etc.)

(CITY OR TOWN)

TIME (Month) (Day) (Year) (Hour) | INJURY OCCURRED
OF While at Not While
INJURY m. Work At work | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1951, to June 21, 1951, that I last saw the deceased alive on June 20, 1951, and that death occurred at 12¹⁰ P.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

RECEIVED
BUREAU A. S.

JUN 25 1951

MARYLAND STATE DEPARTMENT OF HEALTH

06475

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH COUNTY Prince George		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY Prince G.	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN rural Leeland		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Leeland		(If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)	(First) Nellie	(Middle) Cedoma	(Last) Sweeney	4. DATE OF DEATH	June	(Month) (Day)	(Year) 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months Days	If under 24 hrs Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
Domestic - tenant	Rememberer	Maryland	U.S.A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
John Albert Winder	Mary Garner						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	18. MEDICAL CERTIFICATION				
		Frank Sweeney					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATH			
Immediate cause 190X		(a) Hxemia due to anuria				1 mo	
Antecedent cause(s) 50		(b) Carcunoma rt breast with giving rise to the above cause stating the underlying cause last				4 yrs.	
		(c) multiple metastasis - lungs, brain & spine					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?			
Oct 1947	Carcunoma of left breast			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)		
INJURY							
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED OF INJURY m.	While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Oct 1947, to 7 June, 1951, that I last saw the deceased alive on 5 June, 1951, and that death occurred at 7:40 P.M., from the causes and on the date stated above.	SIGNATURE Robert B. Passer	(Degree or title) Mo	ADDRESS Upper Marlboro, Md	DATE SIGNED 2 June 51			
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF June 11, 1951	NAME OF CEMETERY OR CREMATORIAL Epiphany Church cemetery Forestville, Maryland	LOCATION (City, town, or county) Forestville, Maryland	(State)			
DATE REC'D BY LOCAL REG. #	FIGURAR'S SIGNATURE John Smith	24. FUNERAL DIRECTOR Ritchie Bros. Upper Marlboro	ADDRESS 720826 Maryland				

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

REFUGEE

JUN 12 1951

BURDA V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06249

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
<i>Prince George's</i> CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		MARYLAND LENGTH OF STAY (in this place)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Md Laurel 63 yrs Laurel 608 8th St (If rural, give location)	

3. NAME OF DECEASED (Type or Print)		(First) (Middle) (Last)		4. DATE OF DEATH	
Male	Colored	SINGLE	Thomas	June	10 1957
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
<i>General Laborer</i>		<i>none</i>		<i>Laurel Md</i>	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
<i>Nelson Thomas</i>		<i>Rena Andres</i>			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS	
no		215-202808		<i>William Thomas</i>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		<i>Carcinoma Lung</i>
163x Immediate cause		(a)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
47d		(b)
		(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY)
TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?		(STATE)
OF INJURY m.						

22. I hereby certify that I attended the deceased from <i>2/5</i> , 1957, to <i>6/10</i> , 1957, that I last saw the deceased alive on <i>6/10</i> , 1957, and that death occurred at m., from the causes and on the date stated above. SIGNATURE <i>J. M. Warren</i> (Degree or title) ADDRESS DATE SIGNED <i>6/11/57</i>	
---	--

23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORIAL		LOCATION (City, town, or county) (State)	
<i>Burial</i>		<i>June 11, 1957</i>		<i>Bellevue Cemetery</i>		<i>Anne Arundel Co Md</i>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<i>June 11-1957</i>		<i>M. Brashears</i>		<i>Ridgely, Delly Rd, Wash. Ave</i>		<i>970111 Laurel Md</i>	

RECEIVED

BUREAU V. S.

JUN 14 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06250

CERTIFICATE OF DEATH

Reg. Dist. No. 243

The correct age

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY Prince Georges MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE D.C. COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN Glenn Dale (Rural) 7 months		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington STREET ADDRESS 1419-35 th , N.W.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium		(If rural, give location)	
3. NAME OF DECEASED (First) HARRY (Middle) EDWARD (Last) TOSTON		4. DATE OF DEATH 6 / 11 1951	
5. SEX male 6. COLOR OR RACE white		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Engineer		10b. KIND OF BUSINESS OR INDUSTRY self empd.	
13. FATHER'S NAME William Riley Toston		11. BIRTHPLACE (State or foreign country) California, Pennsylvania	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS Decedent		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Pulmonary tuberculosis far advanced 30 Months Antecedent cause(s) (b) _____ Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) OF INJURY		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY While at Work At work m. How did injury occur? Not While At work	
22. I hereby certify that I attended the deceased from 11/8, 1950, to 6/11, 1951, that I last saw the deceased alive on 6/11, 1951, and that death occurred at 10 a.m., from the causes and on the date stated above. SIGNATURE M.D. ADDRESS DATE SIGNED Daniel Lee Pinecase Glenn Dale Sanatorium 6/11/51 (Degree or title) ADDRESS DATE SIGNED Glenn Dale, Maryland			
23. FUNERAL, Cremation REMOVAL (Specify) DATE THEREOF		NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State) Washington D.C. 6/11/51	
DATE REC'D BY LOCAL REG. 6/11/51		24. FUNERAL DIRECTOR REG. ADDRESS Mol Weiss 9. W. London 641-14-51 NE 043 VIII	

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JUN 15 1951

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06251

Reg. Dist. No. 231

1. PLACE OF DEATH COUNTY <i>Prince George</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i>			
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Chesapeake</i>	LENGTH OF STAY (in this place) <i>11 yrs.</i>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Delaware, Del.</i>	STREET ADDRESS <i>11 E. Second Hill St.</i>		
3. NAME OF DECEASED (Type or Print) <i>Waigand</i>		4. DATE OF DEATH <i>June 18 1951</i>			
(First) <i>F</i>	(Middle) <i>W</i>	(Last) <i>Waigand</i>	(Month) <i>June</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <i></i>	8. DATE OF BIRTH <i>June 13 1895</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Worker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i></i>	9. AGE last birthday If under 1 year yrs. Months Days Hours Min. <i></i>		
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i></i>			
13. FATHER'S NAME <i>Mr. Frederick Waigand</i>		14. MOTHER'S MAIDEN NAME <i>Maria Wagner</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i></i>			
17. INFORMANT AND ADDRESS <i></i>		18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <i>11 hrs.</i>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 754.4 Immediate cause (a) <i>Respiratory failure due to possible</i> Antecedent cause(s) (b) <i>congenital malformation of heart.</i> Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c) <i>club foot.</i>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i></i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i></i>			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>					
21. ACCIDENT SUICIDE HOMICIDE <i></i>	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) <i></i>	(CITY OR TOWN) <i></i>	(COUNTY) <i></i>	(STATE) <i></i>
TIME (Month) OF INJURY	(Day) m.	(Year) Work	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6-13, 1951</i> , to <i>6-13, 1951</i> , that I last saw the deceased alive on <i>6-13, 1951</i> , and that death occurred at <i>11:02</i> m., from the causes and on the date stated above. SIGNATURE <i>R. W. Baumer M.D.</i> (Degree or title) <i>M.D.</i> ADDRESS <i>4314 Ballston St., Hyattsville, Md.</i> DATE SIGNED <i>6-14-51</i>					
23. BURIAL, CREMATION REMOVAL (Specify) <i>Cremation</i>	DATE THEREOF <i>6/16/51</i>	NAME OF CEMETERY OR CREMATORIAL <i>Prince Georges Cem. Park</i>	LOCATION (City, town, or county) <i>Chesapeake and</i>	(State) <i></i>	
DATE REC'D BY LOCAL REG. <i>6/19/51</i>	REGISTRAR'S SIGNATURE <i>Amanda Dauney</i>	24. FUNERAL DIRECTOR ADDRESS <i>Harry W. Lumpkin</i>			

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JUN 22 1951

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

062522

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH COUNTY <i>Prince George</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>MARYLAND</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Cheverly</i>		LENGTH OF STAY (in this place)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Prince George General Hospital</i>		3. NAME OF DECEASED (First) <i>Josephine</i> (Middle) <i></i> (Last) <i>Washburn</i>	
4. SEX <i>Female</i>	5. COLOR OR RACE <i>White</i>	6. MARRIED, WIDOWED, DIVORCED, <i>Widowed</i>	7. DATE OF BIRTH <i>Aug. 16 - 1855</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>	
13. FATHER'S NAME <i>Unknown</i>		11. BIRTHPLACE (State or foreign country) <i>Ohio</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT AND ADDRESS <i>Karen G. Bassette-Landover, MD</i>		18. MEDICAL CERTIFICATION <i>Cerebral Hemorrhage</i> <i>Hypertensive - arteriosclerotic heart</i> <i>Failure</i>	
INTERVAL BETWEEN ONSET AND DEATH <i>12 days</i>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause
93d Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(a) *Cerebral Hemorrhage*
(b) *Hypertensive - arteriosclerotic heart*
(c) *Failure*

12 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19h. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *b-3*, 19.51, to *b-13*, 19.51, that I last saw the deceased

alive on *b-13*, 19.51, and that death occurred at *9:30 P.M.* from the causes and on the date stated above.

DATE SIGNED

SIGNATURE: *R. L. Sauer*(Degree or title) *M.D.*ADDRESS *4314 Belvoir St.*

23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>June 14, 1951</i>	NAME OF CEMETERY OR CREMATORIUM <i>Et Lincoln</i>	LOCATION (City, town, or county) <i>Dolmar Manor</i>	(State) <i>MD</i>
DATE REC'D BY LOCAL REG. <i>June 14, 1951</i>	REGISTRAR'S SIGNATURE <i>Amanda Horwitz</i>	24. FUNERAL DIRECTOR <i>W W Chambers Co., Inc.</i>	ADDRESS <i>114 Chambers St., Dundalk, Md.</i>	

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JUN 15 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06253

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH Prince George's COUNTY <i>Princ George's County</i>			2. USUAL RESIDENCE (HOME) OF DECEASED STATE D.C.					
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON					
HOSPITAL OR INSTITUTION OR STREET ADDRESS MOTHER JONES REST HOME			STREET ADDRESS (If rural, give location) 1505 RHODE ISLAND AVE N.W.					
3. NAME OF DECEASED (First) REBECCA	(Middle) EVANS	(Last) WILLARD	4. DATE OF DEATH JUNE 3 1951	(Month)	(Day)	(Year)		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOW	8. DATE OF BIRTH SEPT 1890	9. AGE last birthday 69 yrs.	If under 1 year Months	If under 24 hrs. Days	Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WELFARE DEPT.			10b. KIND OF BUSINESS OR INDUSTRY DEPT AGRICULTURE			11. BIRTHPLACE (State or foreign country) JOHNSTOWN, PA.		
13. FATHER'S NAME RICHARD EVANS			14. MOTHER'S MAIDEN NAME MARGARET HARRIS			12. CITIZEN OF WHAT COUNTRY U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 158X			16. SOCIAL SECURITY NO.			17. INFORMANT AND ADDRESS DANIEL J. O'CONNOR 1505 Rhode Island Ave Wash. D.C.		
18. MEDICAL CERTIFICATION								
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH								
<p>Immediate cause (a) <i>Retroperitoneal sarcoma with extensive metastasis to lungs, liver, spine, etc.</i></p> <p>Antecedent cause(s) (b) <i>46 h</i></p> <p>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <i>spine, etc.</i></p>								
INTERVAL BETWEEN ONSET AND DEATH								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?				
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY)		(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <i>5/15/51</i> , 1951, to <i>6/13/51</i> , 1951, that I last saw the deceased alive on <i>6/2/51</i> , 1951, and that death occurred at <i>5:45 P.M.</i> , from the causes and on the date stated above.								
SIGNATURE <i>Kathleen</i>		(Degree or title) <i>Warren Cancer Clinic</i>		ADDRESS <i>1339 1/2 St. NW. Wash. D.C.</i> DATE SIGNED <i>6/3/51</i>				
23. BURIAL, CREMATION REMOVAL (Specify) BURIAL		DATE THEREOF <i>6/6/51</i>		NAME OF CEMETERY OR CREMATORIAL <i>GRANDVIEW CEM.</i>		LOCATION (City, town, or county) <i>JOHNSTOWN, PENN.</i> (State)		
DATE REC'D BY LOCAL REG. <i>June 8 1951</i>		REGISTRAR'S SIGNATURE <i>Mrs. J. Severe</i>		24. FUNERAL DIRECTOR <i>The S. H. Hines Co.</i>		ADDRESS <i>2901 1/2 St. N.W. Wash. D.C.</i>		

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